New Life
THERAPY

Confidentiality Agreement

Your therapist: Russell McKenzie

Statements of understanding	Please tick
I understand that all clinical information shared with my therapist will remain confidential within their service except where they believe there may be a risk of harm to myself or others, or where there's a legal duty of disclosure.	
I understand that my therapist has case supervision with their supervisor where a broad outline of my case may be discussed as a part of the supervisory process and that no identifying details will be revealed.	
I have read and understood the **HGI Information for Clients** sheet, including the section about use of questionnaires and how the data will be used in service evaluation and research, and I understand that by ticking the box opposite I am giving permission for my anonymised data to be used for service evaluation and research and that I can withdraw my consent to this at any time by contacting my therapist.	
I understand that my personal information will be kept in accordance with the Data Protection legislation. By ticking the box opposite, I consent to information about me being held by the therapist, which means that they will: - use my contact details only to get in touch with me about matters relating to my treatment, such as appointments and to provide helpful information, where appropriate. - not share my personal information with other individuals or organisations, except where they have reason to believe that I or others to be at risk of harm, or where there is a legal duty to disclose it - retain a record of my treatment for a period of 7 years, in accordance with professional requirements and will take steps to ensure the accuracy and security of the record. - provide me with access to the information they hold about me, if I request it.	

Signed _____   Date _____

        Please type your name above

PRINT NAME _____

If you would like to view this agreement in large print format, please inform your therapist.

In filling out this form digitally, you are agreeing that your electronic signature (typing your name) is the legally binding equivalent of your handwritten signature