

## **Confidentiality and Privacy Policy**

### **Consent to assessment & treatment**

During your appointments you are likely to discuss current difficulties and agree goals for therapy. Therapy is focused on working towards agreed goals and trying out strategies in between sessions. In order to progress and meet these goals, there may be times during or between therapy sessions that you will notice an increase in distress.

A decision for the number of sessions needed and the type of therapy will be agreed upon between you and your psychologist, but this can be amended during the course of therapy, and you can choose to end therapy at any time.

### **Confidentiality and privacy notice**

1. Your personal data is held due to legitimate interest in line with professional guidelines for the purposes of assessment, treatment, invoicing and banking with Dr Zoe Poole and would not be shared with any third party without your agreement and consent.
2. Data will only be shared with other health professionals or those involved in your care and wellbeing if this is agreed as necessary and helpful. Data may also be required by the court, though they would seek your permission first.
3. The data held is confined to the personal information you have provided to Dr Zoe Poole such as your contact data, personal data (such as date of birth and address) and therapy notes.
4. Assessment and therapy notes are also held along with clinical letters. For any clinical letters sent regarding your treatment, your consent would be obtained before they were sent and before they are copied to you.
5. Personal data is held electronically on secure practice management software and is password protected. Any paper records are held securely in a locked filing cabinet.
6. Personal data of name, address, date of birth, insurance company details and diagnosis, is shared with my administrator Purple Patch PA for the purposes of invoicing.
7. You have a right to access your personal data and can contact Dr Zoe Poole requesting this and a response expected within a reasonable timescale (within a month).
8. Personal data is retained after closing a file, in order for it to be used later if a new treatment starts, or if requested by the court or to defend a legal claim. Personal contact details may also be retained in order to offer future or new services provided by Dr Zoe Poole, if your consent has been obtained.
9. Length of retention for client records is in line with professional guidelines for the retention of medical information: 30 years after client discharge from this service (or 8 years following client death)

10. You have the right to withdraw consent to treatment or to any new personal data being held by Dr Poole. This would mean that any present or future contact or therapy would cease, as your service could not continue without access to this personal information. However, there is also a professional guideline to retain previous records even after contact has ceased and so these could not be deleted.
11. If there is any aspect of the service including data held that you are unhappy with, Dr Poole would be keen to hear about your views, as feedback is valued and would like to be able to resolve any difficulties if possible. However, any serious complaints can be raised with the HCPC (Health and Care Professions Council). You could also contact the BPS (British Psychological Society). You can also make a complaint to the Information Commissioner's Office (ICO), <https://ico.org.uk/make-a-complaint/>. I am the data controller and my ICO registration number is ZA885094.
12. If there were any reason to suspect a breach of personal data, Dr Poole would first contact the ICO to seek advice. If a breach were confirmed, the ICO and anyone impacted would be contacted within 72 hours. An attempt to rectify the situation would also be made as soon as the breach was detected, as a matter of urgency. Following this, a review of data security and, if identified as needed, changes would be made to reinforce the level of security for personal data processing would be made.

There are limits to this confidentiality. These are:

1. If you or others are at serious risk of harm I will liaise with the appropriate professionals (for example, GP or psychiatrist).
2. If you give me details about a serious unreported crime, I cannot keep it confidential and will inform the appropriate professional.
3. If another professional has referred you to this service, I will liaise with them as appropriate to ensure continuity of care. Some information may also be shared with other health professionals that are involved in your care
4. A requirement of my professional practice is to access supervision which includes discussing my client work.

### **Payment**

Sessions cost £120 if independently funded, for a full session (50-60 mins); you will receive an invoice following each session payable before the next appointment.

If you have health insurance cover, sessions can only begin once payment has been formally agreed and you have provided your insurance details for invoicing.

If your insurance cover ends you will be responsible for the payment of treatment.

Appointment cancellations with less than 24 hours notice are charged at the full sessional rate.

### **Contact information**

I wish/ do not wish (delete as appropriate) for my GP to be informed of my treatment.

GP name.....

GP Address.....

.....

- I wish/ do not wish (delete as appropriate) to be sent copies of any reports written about my treatment.
- If yes, I consent reports to be sent by email yes/no (delete as appropriate)
- I wish/ do not wish (delete as appropriate) for Dr Zoe Poole to inform me of any future services she offers.

I consent to and accept full responsibility for my overall treatment and to the agreements laid out above in relation to confidentiality and privacy.

Please print your name.....

Signature.....

Date.....