**Informed Consent**

**In this form we tell you about the personal data we hold on you and ask that you give us your explicit written consent to do so. We explain about the limits of confidentiality and ask your permission to contact your GP or other health professionals in order to establish that counselling with us is appropriate if required. We also ask for confirmation of your details and who we can contact in the event of an emergency.**

**This form is in accordance with data protection, our policies and Privacy Notice and the new General Data Protection Regulations (May 2018).**

**Personal Data and Record Keeping**

I understand that HCCG CIC is the data processor and will hold personal data on me. I consent to having this data recorded and processed and that the lawful basis for this is in order to establish if it is appropriate to provide me with a contract for counselling services. I undertake that the information I provide will be fair, accurate and in return understand that it will be kept securely and up to date in order for HCCG CIC to offer me the best possible care. I acknowledge that I have the right to access this information and that this information will only be kept for long as is necessary for this purpose. I am aware that I can be provided with information about how long records are kept for.

All information disclosed within sessions and the written records are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law or if there is significant risk of harm (see Safeguarding overleaf).

I understand that HCCG counsellors consult regularly with their clinical supervisors; however I also understand that my full name or other identifying information is never disclosed. My identity remains completely anonymous, and confidentiality is maintained.

I understand that HCCG CIC undertakes to maintain, update and process my personal data in accordance with the principles of the Data Protection Act 1998, the GDPR (effective May 2018), HCCG CIC’s Data Protection Policies and the Ethical Framework for the Counselling Professions (July 2016).

**CORE – Clinical Outcomes in Routine Evaluation**

I have read the CORE information sheet sent to me and agree to the fair and lawful processing of personal information for the purpose of analysis and research in line with the Data Protection Act 1998 & the GDPR (effective May 2018). I also understand that CORE researchers also hold no information that makes me identifiable to them.

**Sharing of Information & Confidentiality**

I give my consent for HCCG CIC to contact my GP/Psychiatrist and/or other healthcare professional to gain any relevant medical history in order to establish whether counselling would be helpful at this time.

*Please turn over…*

**Safeguarding**

I give my consent and understand that confidentiality may need to be broken either during my assessment or at subsequent counselling sessions if the assessor/counsellor believes that I am at risk of imminent harm or may cause harm to others or those in my care.

**Contact Details:**

I confirm my address as:

……………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………

**Health Professionals:**

Please supply below the name of your GP plus any other mental health professional involved in your carem such as a Psychiatrist, Mental Health Key Worker or Psychological Wellbeing Practitioner.

**Please enter the name & address of your GP Practice**

Name of Practice: ……………………….………………………………………….

Your GP (if allocated): ……………………….…………………………………….

**Please circle as appropriate:**

**Psychiatrist Mental Health Key Worker/Other**

Name:………………………………………………………………………………………..

Contact details (if known)…………………………………………………………..

**Please provide the details of whom we should contact in the event of a medical emergency, if you do not wish to provide a name we will contact your GP.**

**Name of contact:…………………………………………………………………..**

**Relationship to you:………………………………………………………………**

**Number to contact them on:…………………………………………………**

**Please now sign below to indicate your consent to us processing your data. Thank you.**

Client Name: ………………………………………………………………….

Client Signature: …………………………………………………………….

Dated: …………………………………….............................................