

This is to inform you what data I am collecting from you and what I intend to do with it.

What data do I keep and why do I need it?

Name and age – **this is basic information that helps me get to know you.**

Address, email address, phone number – **I use this as a way of contacting you regarding your sessions. I will mainly use the method you first contacted me on but if I cannot reach you, I will try a different method.**

Next of kin/medical professional's details – **If I was worried that you were at risk then I may need to contact your next of kin or medical professional, if I can. I will let you know when/if I am going to do this.**

Session notes – **I keep brief notes of our session(s), these are mainly kept on a locked, password protected laptop which no-one has the password for other than myself. They may also be kept in a file which is stored in a locked cabinet in my workspace. Only I have access to the cabinet.**

Will I share your data and if I do, who will I share it with and for what purpose?

It is very unlikely that I will share your data. I will not sell it on or use it for unethical reasons. I may have to share it if my notes are subpoenaed by court, or if you or anyone you tell me about is at harm or risk of harm, I may have to pass this information on. I may also discuss your case during supervision, but I would only use your first name.

How will I store your data?

I store some data as hard copy in a locked filing cabinet. I also store data on my password protected computer. Your phone number(s) may be kept in my mobile phone with your first name and last initial. Only I will access your information.

How long will I store your data for and how will I dispose of it?

I will keep your details and session notes for the time required by my insurer (currently 7 months).

After this time, I will destroy any document with your personal information and delete your phone number out of my mobile phone if there is no other reason for me to keep it.

Consent

I consent to my data being used as set out above

Therapist signature: *Nikki Retigan*

Client signature:

Date: