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.Additionally, Occasionally , if wifi disconnection occurs during a session, I may need to contact you via next of kin to establish contact/next steps.

Session notes – I keep brief notes of our session(s), Written notes ; kept in a locked confidential file, Electronic notes and personal details; kept in password-protected files (both for up to 7 years, as required by law)

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, 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 and continuing professional development, but I only use your first name.

How will I store your data?

Written notes: stored as hard copy in a locked filing cabinet. Immediately after the work is finished. Electronic data is saved with your initials to my password-protected computer. Your phone number(s) may be kept in my business mobile phone with your first name, and last Initial. Only I will access your phone number and Email address.

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).

After this time I will destroy any document with your personal information and delete your phone number from my mobile phone.

Consent

I consent to my data being used as set out above

Signed by: *Grainne McAuliffe* (RTT Registered Therapist)

Client signature:---------- Date: / / —----------