



Client Information

Arboretum Counselling

07539 127263

support@arboretumcounselling.com

Client code:	
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Name		Telephone		OK to Contact? Y / N
Postcode and house number		Email		OK to Contact? Y / N
Date of Birth		GP/ GP Surgery		
Emergency name/ relationship		Emergency contact		
<p><i>Please make sure that you would be happy with the contact being made aware that you are having therapy. If this person was contacted in an emergency, I would not be discussing session content, merely that you were unwell/needed help.</i></p>				
Medication				
Experience of counselling/ Current Mental Health Contact				
HADS/ PHQ/ GAD/ IOE: (Counsellor use)				
Issues you would like to explore in counselling				
Additional Information				

Notes on Data

I collect certain data from you in order to facilitate therapy, and to meet mandatory insurance requirements regarding therapeutic notes and I will keep your notes for five years after which they will be shredded. Your personal information on this form will be stored in a locked cabinet or a password protected memory stick in the locked cabinet. This data may be used in order to inform you about appointments or to pass on information or resources that have been discussed in sessions.

Any notes of session content will be stored in a different location. The notes are used as a reminder of topics discussed in sessions and will be allocated a code which will be used instead of any identifying personal information on any session notes.

As discussed in the contract, there may be occasions where I would break confidentiality either as a result of agreeing a referral, or as a matter of safeguarding you or a vulnerable person, or if a serious crime has been disclosed. I take your privacy very seriously and will take all reasonable steps to ensure the protection of your data. You are able to ask to see the data I hold on you at any time.

Please note that if you do not consent by signing the contract, I would be unable to see you as a client.