I am registered with the ICO (Information Commissioners Office) which means I need to tell 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.
* Doctors details - If I was worried that you were at risk, I would inform you of my intention to contact your doctor and get your specific agreement beforehand, if possible.

**Will I share your data and if I do whom 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 to your GP or the police.

I have also appointed a Clinical Executor. In the unfortunate event, I can no longer work with you they will have access to your details and will get in touch with you.

**How will I store your data?**

The data on this paper is kept in a locked filing cabinet. I transfer your name and a code to my password-protected laptop and your phone numbers may be kept in my business mobile phone that is code protected.

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

I will keep your session notes, your name and your unique code for seven years after the final review session, which is the period, my insurance company requests.

If you are not happy with the way I use your data you can complain to ICO at [www.ico.org.uk](http://www.ico.org.uk) or phone them on 0303 123 1113.

**Consent**

If you do not consent to me using your data in this way, it is unlikely that I am able to work with you.

Do you consent to me using your data in this way? Please state **Yes** or **No**:

**Signature:**

**Date:**

**Personal Data**

|  |  |
| --- | --- |
| Full name |  |
| Age |  |
| Email address |  |
| Mobile number  |  |
| Doctors name  |  |
| Doctors surgery |  |
| Unique Code | I will fill this in |