# Freedom
## THERAPY

# PRIVACY POLICY

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). They are kept in a locked filing cabinet. You are entitled to view or have a copy of these notes should you wish.

## 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 with my coach but I only use your first name.

## How will I store your data?

Your data is mainly stored as hard copy in a locked filing cabinet. Immediately after the work is finished, I transfer the data 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 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 years).

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

## Consent

I consent to my data being used as set out above

_____          _____          _____
Therapist Signature                    Client Signature                         Date