



## Client Consent – Adult Service

This document should be read alongside the Referral form and the **Client Contract** document on our website. If you have any questions about this form or the referral form, please contact us:

Tel: **01653 690 124** [Mon to Fri; 9:30am to 5pm]

E-mail: [info@community-counselling.org.uk](mailto:info@community-counselling.org.uk)

Community Counselling (North Yorkshire) Limited takes your privacy very seriously. We will only use your personal confidential information in order to provide an effective service to you.

We comply with **GDPR** [General Data Protection Regulation] and to the responsible and secure use of your personal confidential information. You have the right to access your personal data and the right to rectification of errors. You can find full details of our Privacy Statement on our website [www.community-counselling.org.uk/privacy-statement](http://www.community-counselling.org.uk/privacy-statement) or ask for a copy to be posted to you.

**When completing the referral form online, you will be asked to tick a box to confirm that you have understood the contents of this form and that you agree to the following:**

### Disclosure of information

*I understand and consent to Community Counselling breaking confidentiality as part of providing safe, effective and relevant care, where there is a concern about:*

- *a person being at risk of serious harm to themselves*
- *someone else is at risk of serious harm (e.g. a specific threat is made to others)*
- *a child or an adult is at risk of harm (e.g. child neglect, coercive behaviour)*

### Keeping in touch e.g. appointment reminders, arranging appointments

At times, we might need to contact you to discuss the services we provide - usually by telephone to arrange or change an appointment and by e-mail to confirm your appointment time. If you consent to us contacting you for this purpose, please tell us below how you would like to be

Please indicate on the referral form how you would like us to contact you.

### Use and storing of personal confidential information

*I consent to the creation and storage of records containing my personal confidential information, for up to six years, as detailed above. I also confirm that I understand that to attend a session under the influence of drugs or alcohol or to behave in a violent or intimidating manner may result in counselling/EMDR being withdrawn.*

If you are unable to complete the online Referral form, or require any assistance, please contact us using the contact details above. A hard-copy Consent form will be sent to you.