

Accessible Online Counselling: Client consent and Assessment Agreement.

For completion and return prior to the initial free assessment session

Client data, Confidentiality and Data Protection

The content of your emails or online appointments will not be communicated with a third party except for the purposes of supervision of my work. In this instance, your identity will not be revealed, and the presenting issues are discussed in a general context, to help ensure I am working ethically and safely with clients.

Where a complaint is made by a client to my professional body, I reserve the right to breach confidentiality and to use my session notes in order to address any grievances which might occur within the BACP counselling practice. Wherever possible you will be informed of this.

At the end of our counselling arrangement, copies of the Client Consent and Assessment Agreement and any relevant exchanges will be stored securely for a period of 7 years and then destroyed after this time. [I am a registered Data Controller and Data Processor and abide by the regulations imposed by such procedures. My registration number is ZA94898.

What information is kept about you and who has access?

As the Data Controller and data Processor I may maintain and store brief notes relating to your sessions. I will not share this data with someone other than yourself, unless required by a court of law. Under GDPR you have the right to request a copy of any session records. Where requested by you and in existence, these will be provided within 30 days in electronic format, Under GDPR you have the right to ask for records to be amended if you feel they are inaccurate. If you wish to ask for an amendment or if you raise objection to any data kept by me, such objection will be stored with any other notes relating to your case.

How is your information stored?

The Client Consent and Assessment Agreement you are completing here and any brief session notes will be stored securely in a locked cabinet and destroyed after 7 years as above. Any electronic contact we have during the process of assessment and ongoing sessions will be anonymised in a password protected document and deleted from my computer at the end of our agreed work together. Your phone number may be stored anonymously on my phone if we engage with 'real time' sessions using Vsee or WhatsApp and is deleted at the end of the counselling contract.

Social media

Counselling is a confidential and personal experience and should not be shared in full or in part on any social media platform.

Country of residence

I cannot offer services into the and the United States, Canada and sanctioned countries such as Iran. By signing this form, you confirm you are not in any of these countries whilst accessing Accessible Online Counselling.

**Please indicate if you give your consent for me to maintain these records under the conditions described above
YES / NO**

Please note that the below information can be filled out electronically as the form will automatically expand.

Your full name:

Date of birth:

Emergency contact and relationship

Telephone:

Relationship:

GP Address

Name/surgery:

Address:

Relationship status:

Delete or Mark * as applicable

Single/coupled/engaged/married /separated/divorced/widowed/other

Members of household with age and relationship to you

Assessment questions and suitability for online counselling

1. Please briefly describe the issues that you feel you would like to look at in online counselling
2. Do you feel you have a friend or relative you could contact for support, should you become troubled or distressed in online counselling?
3. Are you currently on medication for a mental health issue, if so, could you please provide details and dosage.
4. Do you currently have any thoughts of harming yourself or another or have you had such thoughts in the past? If so, could you provide details of whether you acted upon those thoughts and what, if any, supported you accessed?
5. Do you currently have any suicidal thoughts or, have you in the past had such thoughts and planned how you might carry out such actions? If so, could you provide details of what actions you took to control these thoughts?

Over the last 2 weeks, how often have you been bothered by the following problems?

Circle or Use * to indicate your answer

	Not at all	Several days	More than half the days	Nearly everyday
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

In addition –

Over the last 2 weeks, how often have you been bothered by any of the following problems?
Circle or Use * to indicate your answer

	Not at all	Several days	More than half the days	Nearly everyday
1. Little interest or pleasure in doing things.....	0	1	2	3
2. Feeling down, depressed, or hopeless.....	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy.....	0	1	2	3
5. Poor appetite or overeating.....	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.....	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.....	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.....	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.....	0	1	2	3

During our first meeting we can discuss any of the aspects of this agreement.

Thank you

Electronic signature / signature of client.....

Date: