**Confidentiality Agreement and Research Consent**

**Adult Counselling & Psychotherapy Service**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Code** | **Client’s first name** | **Known as** | **Date of Birth** |
|  |  |  | **/ /** |

The Adult Counselling & Psychotherapy Service at Ballincollig FRC is a confidential service. Any information that we hold about you is your personal data and data protection laws apply.

We will always respect your right to confidentiality and privacy but there are limits to this right as set out in this Confidentiality Agreement.

Please ask the therapist to explain anything you’re not sure of on this form.

If you agree with the points outlined, please indicate your agreement by ticking ‘Yes’ and sign and date the form on the last page.

**Part 1 Limitations to Confidentiality**

In exceptional circumstances therapists may be professionally obliged to break confidentiality such as;

**Where there is a danger to yourself or others**

* If you are deemed a danger to yourself or anyone else

**Where there is a concern about a child’s safety**

* If we are concerned for the safety of any child as set out in the Children First Guidance2017 and the Childrens First Act 2015;
* If there are child protection concerns, we must by law report these to the relevant services. If this happens, we would share information with any relevant person on a need-to-know basis only.
* If you tell us about an experience or knowledge of past abuse and there is a concern for the welfare of a child, we must by law report this to Tusla – The Child and Family Agency.

**Therapists Clinical Supervision**

* All therapists work under clinical supervision and are required to keep short clinical notes after each session. If your case is discussed with a clinical supervisor, your therapist will not reveal your identity but will use a false name for you instead.

**Disclosure as part of a legal process**

* There are occasions when we are requied to disclise details as part of a legal process e.g subpoena by court or Garda investigation. In such instances information may be disclosed to appropriate third parties without permission being sought.

**Criminal Offences**

* If a client has committed a serious criminal offence we are obliged to report this to the relevant authorities.

**Do you agree to the terms of this confidentiality agreement?** **Yes No**

**Part 2 Emergency contact and contact with other professionals**

**Contacting in Case of Emergency (ICE)**

Your emergency contact is also known as ‘In case of Emergency’ (ICE) person. We ask for details of this person and permission to contact them if:

* If you are deemed to be a danger to yourself or anyone else

**Do you give permission for** **Ballincollig FRC to contact your ICE if required?**

**Yes No**

**Contact with other Health Professionals or Service Providers**

On occasion it may be helpful for the therapist to consult with other professionals (such as your GP or psychiatrist) or other support services about your care. This is to make sure you are receiving the best possible intervention for your needs and will be carried out in collaboration with you.

**Do you give permission to** **Ballincollig FRC to contact other health professionals and service providers involved in your care?**

**Yes No**

**Part 3 Research**

At Ballincollig FRC, we are contiually trying to improve the services we offer. We would like your permission to contact you to take part in future research projects. You have the right to withdraw permission at any time and refuse any further involvement with Ballincollig FRC

**Do you consent to Ballincollig FRC contacting you about research projects?**

**Yes No**

**Part 4 Feedback & Evaluation Form**

When you finish therapy, we would like to give you a short feedback & evaluation form to complete. This form is about your experience of using the counselling & psychotherapy service at Ballincollig FRCThe therapist will provide you with a stamped addressed envelope to post the feedback and evaluation form back to Ballincollig FRCwhen you finish therapy. All feedback given on this form is anonymous and confidential and is used for the purpose of service improvement.

**I have read and discussed the above information with the therapist. I understand the nature and limits of confidentiality.**

**Name (***print in capitals***) Signature Date**

**Client :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Therapist :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_\_/\_\_\_\_\_