



Therapeutic Counselling & Life Coaching

Estar Wells BSc Psych (Hons) Dip.Couns MBPsS Reg MBACP

GENERAL DATA PROTECTION REGULATION (GDPR) CONSENT

Client Details

Client Name:

Client Age:

Client Telephone Number:

Client Address:

Doctor's Name:

Doctor's Telephone Number:

Consent Statement

Do you consent to me recording your details to enable me to deliver counselling to you?

With your consent I can also use your details to contact you about rescheduling of appointments and to provide you with any useful and relevant information which may be helpful. Are you happy to give your consent?

You have the right at any time to withdraw your consent. Your information will not be sold to any third parties.

Client signature:

Counsellor signature:

Date:

As required by the General Data Protection Regulation (GDPR) your name and contact details will be kept in a secure, locked cabinet. I will not keep data any longer than is necessary and it will be destroyed securely at the end of the recommended period of retention.



Registered Member 374327
MBACP