

Therapeutic Counselling & Life Coaching

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

GENERAL DATA PROTECTION REGULATION (GDPR) CONSENT

Client Name:

Client Age:

Client Telephone Number:

Client E-Mail Address:

Client Home Address:

Emergency Contact Number:

Doctor's Name:

Doctor's Telephone Number:

Where did you hear about Counselling Choices?

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) any hard copies of your name and contact details will be kept in a secure, locked cabinet and electronic material will be kept securely in devices which are password protected and encrypted. 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.







British Association for Counselling and Psychotherapy Registered Member 374327 National Counselling Society Accredited Member NCS22-02244 British Psychological Society Graduate Member 485847