Privacy & Consent Policy

Latest Revision: 22/02/2020

To allow you to take advantage of the legal protection introduced by the General Data Protection Regulation (GDPR), this document seeks to make you aware of what personal information Chiron holds, why it is collected, and what rights you have regarding it.

Once you have read this document in its entirety, please complete and sign the statement of consent at the end.

Therapist's Name / Identity:

Jackie Turner, Director of Chiron Transform Trauma Centre

Therapist's Contact Details:

Pibwr Mill
Bolahaul Rd
Cwmffrwd
Carmarthen
SA312LW
07920522649
jackiebodysoul@googlemail.com

Data Controller Contact Details

Jackie Turner, contact information as above.

Reasoning for Processing Client Information

Chiron processes client information or data in order to provide clients with the best possible treatment options, support and advice.

Lawful Basis for Recording, Holding and Processing Client Information

The lawful basis under which we record, hold and process client information is our requirement to perform such actions in order to provide you with the best possible treatment options, support and advice.

As we hold <u>special category data</u> (that is, health-related information), the additional condition under which we record, hold and process client information is for Jackie Turner to fulfil her role as a healthcare practitioner bound by the confidentiality practices of the National Council of Psychotherapists (NCP), as defined in the <u>NCP Code of Practice and Ethics</u>.

Your Information and Rights

What Information We Hold, and What We Do With it

In order to provide trauma therapy, we need to ask for and keep information about your previous and current health. We use this information solely for influencing your trauma treatment program and the advice we provide you. We will need to hold the following information:

- 1. Your contact details
- 2. Your medical history and other health-related information
- 3. Details of your trauma treatment program and related notes

In order to ensure the best possible treatment, Chiron may need to share your information with other healthcare professionals as part of an agreed treatment plan or in order to identify risk. If we are offering treatment as a result of a referral from a medical professional, we will have to share clinical notes with the referrer.

In each case, explicit consent will be obtained. We will **not** share your information with anyone without explaining why it is necessary and obtaining your explicit consent, unless required to do so by law.

The "Lifetime" of Your Information

We will keep record of your information for 7 years, in line with our expressed lawful basis for recording, holding and processing client information.

Your data will not be transferred outside of the EU without your consent.

Protecting your Information

We are committed to making sure your personal information is secure. In order to prevent unauthorised access or disclosure, we employ appropriate technological, physical and managerial procedures to safeguard and secure the information you provide us.

We will contact you only in ways through which you have agreed to receive communication.

Your Rights

The GDPR affords you the following rights:

- The right to be informed
 - To know how your information will be held and used (provided by this document).
- The right of access
 - To see the personal information of yours that we hold, so you know what is held and can verify its validity.
- The right to rectification
 - To tell us to change any part of the information we hold about you that is incorrect or incomplete.
- The right to erasure ("the right to be forgotten")
 - To ask us to erase any and all information we hold about you.
- The right to restrict processing
 - To request limits on how we process or use your information
- The right to data portability
 - To request from us a copy of the information we hold about you, in a format that would allow you to reuse it in other systems.

The right to object

To tell us you won't want certain parts of your information to be used, or that it can only be used for specific purposes.

• Rights in relation to automated decision making and profiling

To know what automated procedures are in place, why and how we are processing your data automatically, and to prevent us from processing your information automatically. More information is available on the Information Commissioner's Office (ICO) website¹.

• The Right to Complain

To make a complaint with the ICO², in the event you feel we have mishandled your information (the information is wrong and we refuse to change it, we have lost it or disclosed it to someone else, for example) or if you have had a problem accessing the information we hold about you.

For more detail on each of your rights under the GDPR and for your data in general, please visit the ICO website³. If you wish to exercise any of these rights, please contact us via the details provided at the beginning of this document. If you are dissatisfied with how we deal with your request you may submit a complaint about us to the the ICO².

Our Rights

Please be aware:

- If you do not agree to us keeping information about you and your treatment program, or if you do not allow us to use the information in the way we need to to provide treatment, we may not be able to treat you.
- By law, we must keep records of your information and treatments for a certain period of time. This may mean
 that we are unable to erase the information we have about you at the time you request its erasure, and will
 have to wait until that period of time has passed.
- We may at times need to upgrade our IT systems. This will involve transferring your information between systems; it will be protected from being seen by people outside of our organisation without your explicit permission.

 $[\]frac{https://ico.org.uk/your-data-matters/your-rights-relating-to-decisions-being-made-about-you-without-human-involveme}{nt/}$

² https://ico.org.uk/make-a-complaint/

³ https://ico.org.uk/your-data-matters/

Declaration

I have read this document and understand that Chiron will record, hold, process and use my personal information in order to provide me with the best possible treatment options, support and advice relating to my treatment.

Please tick the relevant option below, make note of the date, then print and sign your name, ensuring we have both received a copy of this document.

Note: for children under 16 a parent or guardian signature is required.	
	ent to having my information shared with my GP and / or other health professionals t consent to my data being shared with any third-party, unless my treatments are from a referral
T do no	reconsent to my data being shared with any time party, diffees my treatments are from a referral
Date	
Name	
Signature	