

**Margaret F. O'Brien**

**Adolescent Psychotherapy Service**

**INTAKE FORM**

**Date:**

**Client Name:**

**Address:**

**Contact Number:**

**Emergency Contact Name and Number:**

**Date of Birth:**

**Age;;**

**Name & Address of GP:**

**Medication:**

**History of Previous counselling, attending any other health services, any hospitalisations:**

Margaret F. O'Brien

## Adolescent Psychotherapy Service

Our Agreement– Adolescent Psychotherapy Service

To help you to understand what to expect from counselling, the following may be helpful information:

### Confidentiality:

It is agreed that the content of our work together will be conducted in accordance with the Irish Association for Counselling & Psychotherapy Codes of Ethics and Practice Regulations. Everything spoken about in counselling will be treated in confidence **EXCEPT** in the following circumstances;

Confidentiality and the parenting space. On occasion the adolescent client may share information regarding forbidden behaviour e.g. smoking weed or being sexually active. This information shall remain confidential to the therapeutic process between the adolescent and Margaret F. O'Brien (hereinafter referred to as "I") which we both will endeavour to therapeutically work through. That being said, if I am concerned about the adolescent's safety, that is, if the adolescent is at risk of suicide or I receive information suggesting that the adolescent client is in imminent danger, I would need to break client confidentiality and share this information to parent(s)/guardian(s) and the adolescent's GP.

In the same way, if the adolescent is at risk of harming another person, I would need to speak to someone about that. Where possible, I would not do any of this without consulting with the adolescent first.

The issue of child protection and welfare is everyone's responsibility. If you tell me there is any risk of abuse of any nature or neglect to a child, this information must be reported to the relevant statutory authorities which can include An Garda Síochána and Tusla. This is in order to comply with the legal obligations regarding child safeguarding as outlined in the Children First Act, 2015.

If you tell me about sexual abuse you experienced as a child this is also something I am legally obliged to share with Tusla. You are not required to make a mandatory report but a psychotherapist is a mandated person and as such has a legal responsibility to report if there is any indication that a child might be at risk.

If you are involved in court case, there are times that the Court may make an order directing me to make your client's records available. Please note that if such a Court order is made, I will have no discretion and, in such circumstances, I am legally obliged to provide the court with a copy of your client notes. Please note that written reports that I may be requested to complete do not form part of this contract and as such, I reserve the right to charge a separate fee for same.

As a psychotherapist I am required to attend supervision in order to ensure that you receive the best possible service and in adherence to our professional code of ethics. No

identifying information is ever shared with the supervisor.

DO NOT COPY

## **Data Policy**

I operate my psychotherapy service strictly within the General Data Protection Regulations (GDPR) and adhere to your right to privacy with regard to your personal data.

I apply appropriate protection and management of any information you share with me. The information you submit will be kept confidential and with the highest standards of security. The information you provide will be held and used in accordance with the General Data Protection Regulations.

Any personal information provided by you will only be used for the following purposes:

Making/cancelling of appointments

Billing

Delivering psychotherapy this requires me to keep brief client notes after each counselling session to help me to follow the work we are doing together. *Please understand it is not possible to provide my contractual service to you if I cannot hold any personal records.*

I will not use your personal data for the purposes of marketing. I will only collect and store your personal in line with our contractual agreement.

### **Where is the data stored?**

I keep your client records on paper and this information is stored in a locked filing cabinet at Ennis Therapy Centre, No. 16 Carmody Street Business Park, Ennis, Co. Clare.

I am the key holder and the key is kept on my person at all times.

### **Who has access to your records and why?**

Nobody else except for me has access to your records.

### **Legal obligations to share your records with a third party**

There can be situations where I am legally obliged to share your personal details and client notes to a third party e.g. court order, search warrant or if there is a disclosure of abuse to include retrospective disclosure of abuse involving a minor or if the client was a minor at the time of abuse. I will not share your personal data with any other third party outside of the above situations unless you give me your written consent to do so.

### **How long is data retained?**

All records must be retained for a period of 7 years after the adolescent has a) attained the age of 18 years of age or alternatively, b) if the adolescent has attained the age of 18 years of age from the start of therapy – 7 years from the last appointment.

### **Your rights**

You can demand to see all your records at any time.

If you think some information is incorrect or not needed for the above purposes, you may request that I correct or remove it. Since this is an important change, please do so in writing via registered post.

## Fee Arrangement

My fee is €X per session and is subject to review in December of each calendar year.

## Complaints:

Should you wish to make a complaint about my service kindly note, that there is a complaints procedure available to you through the Irish Association of Counselling & Psychotherapy (IACP) which can be found on their website [www.iacp.ie](http://www.iacp.ie).

## My Commitment:

As a counsellor and psychotherapist, I commit to give you a professional service. You will have a regular appointment time with me. I will contact you as soon as possible if I need to cancel one of our sessions.

## Your Commitment:

At times counselling will be very difficult for you. Sometimes it will be very hard for you to come to the sessions. I am asking you to give a commitment to yourself to always come to your sessions and if you are experiencing difficulty in attending a session, please contact me to talk about it.

If an emergency or sickness happens and you are unable to come to your session, I ask you to give me as much notice as possible which is 24 hours' notice so that another person can be given an opportunity for a session. Please note that in a situation where I am not in receipt of 24 hour's notice of your cancellation or you do not attend for our scheduled session, I will charge my standard fee for the missed session.

Please note that if you do not attend 2 scheduled appointments in a row, and you do not make contact with me, I will take that to mean that you no longer wish to attend counselling at the moment. If this happens, you are always welcome to make contact with me again.

## How to contact me?

You can phone me on X (Mon - Fri 9.30am to 5.00pm) or email me at XXX. If I am unavailable to answer the phone, I will aim to contact you as soon as possible. If you are unable to contact me and are experiencing an emergency and need **immediate help** please contact the following:

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Shannon Doc	1850 212 999
A & E Crisis Team	087-64723545
<a href="#">Pieta House</a>	1800 247 247
<a href="#">Samaritans</a>	116 123 free phone

**Consent regarding Data protection and GDPR**

**I Consent** \_\_\_\_\_

**I Don't Consent** \_\_\_\_\_

I give permission for Margaret F. O'Brien to hold my client records in order for her to provide her contractual service to me. By signing below, I confirm I have read and understand the contents of the data protection policy which applies to the counselling and psychotherapy service provided by Margaret F. O'Brien.

I also agree to the above terms and conditions in relation to attending counselling and psychotherapy with Margaret F. O'Brien.

Date \_\_\_\_\_