

TCF 07 Client Confidentiality

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1. **Mandatory Areas**

This document contains some guidelines which are mandatory, they are written in bold type. Recommended guidelines are written in standard type. Information/explanation is written in italics.

2. **Introduction**

- 2.1 Confidentiality is at the heart of the counselling process. Every attempt must be made in centres to preserve confidentiality both orally and in the keeping of written records.
- 2.2 Maintaining confidentiality is a responsibility of all staff involved in a counselling service - counsellors and trainees, counselling coordinators, supervisors, training and administrative staff.
- 2.3. All Counsellors working in The Counselling Foundation service **MUST** adhere to all the BAC P Ethical Framework. All administrative staff should be given training and be aware of all that is required to maintain absolute confidentiality.
- 2.4. Taping of Client Sessions: Where taping is required by outside training institutions, should this be agreed to within the Centre, the client's written permission must be obtained before deciding whether or not to proceed. This Client Consent form is available on request.

3. Confidentiality of Clients

The range and limits of confidentiality in the Centres must be explained from the start of client contact. Assessment Counsellors should explain to clients before starting the interview. Counsellors must give the client the Framework before commencing counselling, and ensure the client signs and retains a copy of the Framework. Clients should be invited to discuss any concerns they have over this issue.

4. Oral Confidentiality within the Centre

- 4.1. Clients are not normally discussed outside the supervision group; if this is done, it must be in general and non-identifiable terms. The discussion should be purposeful not trivialising or disrespectful and may only be done in a situation where a confidentiality agreement has been made by all present. Clients and anecdotal material must never be discussed in public places.
- 4.2 Supervisors need to know the client's full name for emergency purposes, but in the supervision group the client should be referred to only by first name or initial.
- 4.3 If a member of a supervision group knows or has connection with the client being presented, they must absent themselves from the group. If the client is known to the supervisor, the counsellor must obtain supervision for this case elsewhere. A counsellor must not take on as a client anyone who is personally known to them, or believed to have a personal involvement with one of the counsellor's existing clients. If a counsellor takes on as a client someone who has a known involvement with a client of another member of a supervision group, the counsellor should receive supervision from elsewhere for that client.
- 4.4. During case discussions, material which might reveal a client's identity must be carefully presented to preserve anonymity. If however information necessary to the case discussion does reveal the identity of a client, 4.3 (above) will apply.

5. Records

- 5.1 Counsellors personal notes~ an important distinction is made between the client records kept by the centre and counsellors' personal notes (to focus thoughts, aid memory, bring to supervision). The latter are the personal property of the counsellor, but even so should not contain information which identifies the client and should be kept under conditions of strict confidentiality. It is possible that in extreme situations these could be subpoenaed by a court.

As clients now expect and are entitled to access their records extreme care should be taken to avoid judgmental or derogatory comments or value judgments. Personal notes of client sessions should be shredded once the counselling is ended.

The Foundation will keep Intake, Closure, and Client Medical Release Forms for a period of at least 7 years. These will be securely filed.

- 5.2 Client records: Client records must be kept in a locked cabinet, in a locked room. Records must never be left around on tables, in bags, or in any place where they could be seen by persons other than those authorized.

- 5.3. Preserving anonymity- Any records (counsellors or centre's) containing case material should avoid full names; where possible clients should be referred to by, for example, number. Client names on copies of correspondence should be deleted.
- 5.4 Access to records: Centres must define clearly who has access to client records, and ensure that systems are in place which limits access only to those authorized.
- 5.5 Client access to records: Centres must have a policy on this. It is recommended that clients should have the right to see their records, and should be informed of this right.
- 5.6 Closed client records: Centres have a policy (see N.B. above) on closed client records, and how long they are stored, remembering that complaints can sometimes be retrospective. A storage period of at least 7 years is recommended.
- 5.7 Computer records are subject to the Data Protection Act, 1984 once client names are used they should be kept securely so that clients' names can only be accessed, or related to personal material by cross-referencing, by those personnel identified in the centre's policy on access to records (5.4 above) who are in possession of an exclusive computer password. Any person identifiable information on portable devices must be password protected and the device must not be left unattended.

6. Other Areas

- 6.1 Contact with client's GP or psychiatrist by the centre may only be made with the client's knowledge and permission except under exceptional circumstances - clients will have had confidentiality clearly explained to them at the beginning of their therapy. The client will also have signed a Medical Release form. Full details of the contact, and copies of all clinical letters, must be kept in the client's file.
- 6.2 Requests for information: Centres have a policy on how requests for information from solicitors or other outside bodies are dealt with. Such requests must be referred to the Centre Head and authorized by the Clinical Manager. A protocol is available and must be followed. This request is not dealt with by the counsellor concerned (including any letters requested by clients concerning their attendance for counselling) since such letters represent the organisation rather than the individual counsellor .
- 6.3 BACP Ethical Framework for Good Practice. The attention of centres is drawn to those sections of the BACP Ethical Framework for Counsellors which offers:
 - Ethics for Counselling and Psychotherapy
 - Guidance on good practice
 - Professional Conduct procedure
- 6.4 Ethical dilemmas: From time to time counsellors find themselves caught between conflicting ethical principles; in such cases, they should discuss the matter first with their supervisor who may then refer to Senior Management Team for further guidance.