



## **Agreement of Client Permission : Client - Therapist Confidentiality Agreement**

*I understand that our work together is protected by the Code of Ethics and Conduct of the British Psychological Society. As such, all sessions shall remain confidential between you and your therapist unless severe risk to you or another party, especially anyone under the age of sixteen, is being put at risk. In this instance, your therapist will consult her Supervisor as to courses of action to take and will ensure that she communicates clearly the steps and the procedures they are required to take in line with Safeguarding Rules and Regulations.*

*Whilst all reasonable steps will be taken to protect my identity:*

*I give my permission / do not give my permission for some of my sessions with Kasturi Torchia to be audio/video recorded should it be agreed upon in advance and serve a mutually agreed constructive purpose (including but not with standing research/supervision/coursework/purposes).*

*I understand that notes and/or audio/video recordings will be taken by Kasturi Torchia for professional consultation with her Counselling Psychologist Supervisor and/or potentially for research/dissemination/assessment purposes.*

*I understand that should I consent to this all data used will be anonymised and kept safely within the confines of client-therapist confidentiality.*

*I have had the opportunity to request clarification on the above.*

*Client: \_\_\_\_\_*

*Signed: \_\_\_\_\_*

*Dated: \_\_\_\_\_*

*Counselling Psychologist in Training:*

*Name:*

*Signed:*

*Dated:*

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