



Eating Disorder Centre Cork

Privacy Policy

At Eating Disorder Centre Cork (EDCC), we respect your right to privacy. Therefore, discretion and confidentiality are critically important to our service. We will only use information about you in accordance with the Data Protection Act 1998, and the General Data Protection Regulations 2018, and any other relevant legislation, and regulation.

Data we hold:

We hold your name, mobile contact, address, and other information regarding your physical, mental, and social status.

You will have given these details to us, when you attended the centre for your initial assessment. At that meeting you will also have signed to agree to therapists at EDCC, liaising directly with your GP.

Very brief factual accounts of each therapy session are kept by psychotherapists. These notes are the property of EDCC and are kept in secure filing cabinets. Only, psychotherapist (and on occasion the clinical manager) will have access to this information. In accordance with our professional governing bodies, all clinical files must be kept for seven years. At the end of that year all information is shredded.

EDCC, does not store any of your information electronically.

Confidentiality:

What you say to your therapist will stay between you and your therapist. However, as we must operate within the law, there are some limits to confidentiality:

- If children, or other vulnerable members of society are in danger and this has not been reported
- If you are a danger to yourself or others

This means that we are duty bound to report:

- Unreported child sex abuse where the abuser is still alive, this includes historical sex abuse.
- Involvement in criminal activity.

Phone Numbers:

To store **your mobile number** in their phone, therapists at EDCC need your agreement. In the event of you agreeing/or refusing to this, you will be asked to sign a form to this effect. The therapist will then sign to say that in the event of their having your number in their personal phone, they will only use that number if/when they need to contact you.

A client, can of course request that this arrangement, be discontinued at any time.

When you finish attending your therapist, she/he, agrees to deleting your details from their phone.

I..... agree/disagree, to my name and number, being stored in my therapist's phone. I understand that this number will only be used if/when my therapist needs to make direct contact with me, and for the duration of my time at EDCC.

Signed..... Date

Therapist..... Date:

Parent/Guardian/Carer:

I agree/disagree, to my name and phone number, being stored by EDCC. I understand that this number will only be used if/when loved ones therapist needs to make direct contact with me, and only for the duration of our time at EDCC.

Parent/Guardian/Carer Date: