# SEJ Mindshift — Hypnotherapy Client Intake & Consent Form

## Practitioner & Data Controller Information

- **Therapist Name:** Selene Emrys-Jones
- **Practice Name:** SEJ Mindshift
- **Professional Body:** Registered Member of the National Hypnotherapy Society
- **Registration Number:**
- **Contact Number:** 07786 873306
- **Email Address:** selene@sej-mindshift.com
- **Website:** sej-mindshift.com
- **Business Address:** 4 Thorlands, Farnham Lane, Haslemere, GU27 1EZ
- **ICO Registration Number:**

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## Section 1: Client Personal Details

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Address:**

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- **Postcode:** _____
- **Phone Number:** _____
- **Email Address:**
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- **Emergency Contact Name & Phone:**

- **GP Name & Surgery Details:**

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## Section 2: Terms of Service (Face-to-Face & Online)

1. **The Therapeutic Process:** Hypnotherapy is a collaborative process combining therapist guidance and client commitment. While hypnotherapy has an excellent track record for positive change, results vary across individuals and specific outcomes cannot be guaranteed.

2. **Online Session Requirements:** For sessions conducted online via video platform, you must ensure you are in a quiet, private room where you will not be disturbed or overheard. A stable internet connection is required. You must not record the sessions without prior written agreement.

3. **Cancellations & Missed Sessions:** A minimum of **24 hours' notice** is required to cancel or reschedule an appointment (applicable to both face-to-face and online sessions). If you fail to attend, or cancel with less than 24 hours' notice, you will **forfeit and lose the full payment** for that session.

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## Section 3: Privacy Notice & Data Protection (UK GDPR / DUAA Compliant)

Please read this notice regarding how your personal information and sensitive health records are collected, handled, and securely stored:

- **Lawful Basis for Processing:** I hold and process your personal contact data under the lawful basis of **Contract** (to provide you with the therapeutic service). I collect and process your session notes, goals, and medical history (Special Category Data) under the basis of **Explicit Consent** and **Legitimate Interests** (Article 9 of the UK GDPR).

- **Data Security & Online Platforms:** Hand-written notes are stored in a locked filing cabinet. Digital records are accessed only on password-protected, encrypted devices using secure platforms. Online video sessions are conducted using GDPR-compliant, end-to-end encrypted platforms (such as Zoom/Teams) to ensure transmission privacy.

- **Data Retention:** To comply with professional insurance standards, your physical and digital client file will be retained securely for **6 years** after your final session. After this timeframe, your data will be securely shredded and permanently deleted.
- **Your Rights:** Under UK data protection laws, you hold the right to access a copy of your records (via a Subject Access Request), demand corrections to inaccurate data, or ask for your data to be restricted/erased. Note that erasure requests are legally restricted by my insurance-mandated data retention requirements.

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## Section 4: Confidentiality, Online Interruptions & Legal Disclosures

Everything you share within our therapeutic sessions remains strictly confidential. However, there are explicit, legally mandated exceptions where confidentiality must be breached:

1. **Safety & Safeguarding:** If I assess that you represent a serious, immediate danger of harm to yourself, to me, or to another member of the public.

2. **Legal Requirement:** If ordered to release files, disclose information, or attend a court hearing by a judge or via a valid legal subpoena.

3. **Clinical Supervision:** To maintain professional standards, I regularly review my case files with a qualified clinical supervisor. Your identifying details will always be completely anonymised during these sessions.

4. **Online Technical Failure Protocol:** If our online video connection drops during a session and cannot be re-established within 5 minutes, I will attempt to contact you via the phone number provided in Section 1 to conclude the session safely.

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## Section 5: Granular Client Consent Declarations

*Please check each box below to explicitly provide your consent. You hold the right to modify or withdraw these permissions at any time.*

- ☐ **Consent to Therapy:** I consent to undergo hypnotherapy treatment with Selene Emrys-Jones and understand the collaborative nature of the practice (whether conducted face-to-face or online).

- ☐ **Consent to Data Processing:** I explicitly consent to the collection, processing, and secure storage of my personal and sensitive health notes as outlined in Section 3.
- ☐ **GP Communication:** I agree that my hypnotherapist may contact my GP or medical team if it is deemed clinically necessary for multi-disciplinary safety, where practical and permissible.

- ☐ **Emergency Contact:** In the event of a medical emergency during a session, I authorise my hypnotherapist to contact emergency services or my designated next of kin.

- ☐ **Marketing & Practice Updates (Optional):** I consent to receive occasional newsletters, wellbeing articles, or practice updates from SEJ Mindshift via email.

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## Section 6: Client Agreement Sign-Off

By signing below, I confirm that I am over 18 years of age and that I have read, understood, and accept the terms of therapy, confidentiality parameters, and data protection policies laid out in this document.

**Client Name (Printed):**
_____

**Client Signature:**
_____

**Date:** ____ / ____ / _____

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