



Consent to Hold and Access GP Details

Counselling Practice: _____

Counsellor/Therapist: _____

Client Details

Full name: _____

Date of birth: _____

Address: _____

Telephone: _____

Email: _____

GP Details

GP name (if known): _____

GP practice: _____

Practice address: _____

Practice telephone number: _____

Why I Ask for Your GP Details

To provide safe and responsible counselling, I ask 'high-risk' clients to provide their GP practice details in case of emergency.

I will store your GP details securely as part of your confidential client record and handle them in accordance with applicable data-protection requirements and my Privacy Notice.

Providing your GP's details does **not automatically give me permission to contact your GP or obtain your medical records.**



Consent to Contact My GP

Please indicate your preference:

- ☐ **I consent** to my counsellor contacting my GP when this is considered clinically appropriate. Wherever reasonably possible, we will discuss this with me beforehand.
- ☐ **I consent only if I give specific permission at the time.** My GP details may be held on file, but I would normally like to be asked before my GP is contacted.
- ☐ **I do not give general consent** for my counsellor to contact my GP.

Confidentiality and Safety

Counselling is confidential. However, there may be exceptional circumstances in which information needs to be disclosed without my consent, for example where there is a serious and immediate risk of harm, safeguarding concerns, or another legal or professional obligation to disclose information.

Where it is safe and practicable, the counsellor will normally seek to discuss such a disclosure with me beforehand.

Only information that is relevant and necessary to the situation will normally be shared.

Accessing Information from My GP

I understand that providing my GP details does **not** give my counsellor unrestricted access to my GP or NHS medical records.

If my counsellor believes that obtaining information from my GP would support my counselling, the purpose and information required will normally be discussed with me and appropriate consent obtained.

- ☐ I consent to my counsellor requesting relevant information from my GP where I have specifically agreed to the request.

Withdrawal of Consent

I understand that I can withdraw or change my consent regarding routine contact with my GP at any time by informing my counsellor.

I understand that withdrawing consent does not necessarily prevent disclosure where there is an overriding safeguarding, legal, ethical, or serious-risk justification.

Client Declaration

I confirm that I have read and understood the information above. I have had the opportunity to ask questions about how and why my GP details may be used.



Client name: _____

Client signature: _____

Date: _____

Counsellor signature: _____

Date: _____