

## Confidentiality Agreement – Covid-19

**Note:** This form is to be completed *in addition* to the general HGI Confidentiality Agreement (see <https://www.hgi.org.uk/private-practice/essential-information/client-information-and-confidentiality-agreement>)

**Your therapist:**

Statements of understanding	Please tick
I understand that if my therapist develops symptoms of Covid-19, or is aware that they have had contact with someone who has been/may have been infected, they will inform me at the earliest opportunity, so that I may take steps to protect myself and others.	
I understand that in the above circumstance, my therapist will be obliged to pass my contact details to the appropriate health authority so that the official 'test and trace' procedure can be carried out.	
With regard to the above, I also understand that only my contact details will be passed to the relevant authority, and that the nature of my relationship with my therapist and the content of my therapy session(s) will remain strictly confidential, in accordance with the conditions set out on the general HGI Confidentiality Agreement.	
In addition, I agree to inform my therapist at the earliest opportunity if I become aware that I have become infected with Covid-19, or have had contact with someone who has been/may have been infected.	

Signed \_\_\_\_\_

Date \_\_\_\_\_

PRINT NAME \_\_\_\_\_

If you would like to view this agreement in large print format, please inform your therapist.