ICPHAA

Irish Counselling, Psychotherapy & Allied Healthcare Professionals Association

MEMBERS' PROFESSIONAL PRACTICE

Confidentiality Policy

How ICPHAA members protect what clients tell them, where the lawful limits of confidentiality lie, and how the Association itself protects confidential information.

REFERENCE	ICPHAA-POL-02	VERSION	1.0
EFFECTIVE	9 November 2026	NEXT REVIEW	9 November 2027
POLICY OWNER	ICPHAA Board of Directors		

Irish Counselling, Psychotherapy & Allied Healthcare Professionals Association

A voluntary, not-for-profit professional association · admin@icphaa.ie · www.icphaa.ie

Policy and procedure framework of the Association · ICPHAA-POL-02

MEMBERS' PROFESSIONAL PRACTICE · ICPHAA-POL-02

Confidentiality Policy

APPLIES TO	Every ICPHAA member in every membership category, and the Association in its handling of information about members, clients and third parties.
VERSION	1.0 · effective 9 November 2026 · next review 9 November 2027
POLICY OWNER	ICPHAA Board of Directors
CONTACT	ICPHAA Registry · admin@icphaa.ie

AT A GLANCE

- Confidentiality is the client's right, not the practitioner's privilege, and it covers even the fact that someone attends.
- The limits of confidentiality are explained to every client at the outset, as part of informed consent.
- Any disclosure without consent is made only where law or serious risk requires it, and only to the minimum extent necessary.
- Every decision to disclose is discussed in supervision where possible and recorded at the time, with reasons.
- ICPHAA restricts access to confidential member, complaint and accreditation information to those who need it.

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1. Purpose

Confidentiality is a fundamental ethical principle and a legal obligation in counselling, psychotherapy and allied healthcare. People share their most private experiences with practitioners on the understanding that what they say will be protected. Without that trust, therapeutic work cannot take place.

This policy sets out what ICPHAA expects of its members in protecting confidential information, where the lawful and ethical limits of confidentiality lie, and how members should act when disclosure may be necessary. It also sets out how the Association itself handles the confidential information it holds. It should be read with the ICPHAA Code of Conduct for Members, which makes confidentiality a core condition of membership.

2. Scope

This policy applies to:

- every ICPHAA member, in every membership category, in all professional settings: in person, by telephone, online and in writing;
- Student Members in training and on placement, alongside the confidentiality rules of their training programme and placement provider;
- the Association, including its Board of Directors, the ICPHAA Registry, the Accreditation Department and anyone acting on ICPHAA's behalf, in its handling of information about members, applicants, clients, complainants and third parties.

Where a member is employed by, or works within, another organisation, they must also follow that organisation's confidentiality and data protection procedures. Where those procedures fall below the standard in this policy, the member should raise this with the organisation and discuss it in supervision.

3. Principles

ICPHAA's approach to confidentiality rests on three principles.

- **Confidentiality belongs to the client.** It is the client's right, not the practitioner's privilege. It must be maintained consistently and actively unless a specific and legitimate exception applies.
- **Limits are explained at the outset.** Confidentiality is not absolute. Its limits must be explained to clients clearly, in plain language and before therapeutic work begins, as part of informed consent, and revisited where circumstances change.
- **Disclosure is minimal and considered.** When confidentiality must be set aside, this is done only to the extent necessary, only to those who need to know and, wherever possible, after consultation with the client and the member's supervisor.

These principles apply alongside members' obligations under the Data Protection Acts 1988–2018 and the General Data Protection Regulation (GDPR), which govern how personal and health information is collected, stored, shared and retained.

4. What confidentiality covers

Members must keep confidential all information disclosed by or about a client in the course of their professional work. This includes:

- what the client says in session, whether in person, by telephone or online;
- written communication, including letters, emails, text messages and messages sent through apps or platforms;
- information provided by third parties about the client, such as family members, referrers or other professionals;
- information that can be inferred from the client's attendance, communication or behaviour;
- clinical notes, assessments, recordings and any other records held about the client.

Confidentiality extends to the fact that a person is attending therapy at all. Members must not confirm or deny that someone is, or was, their client without that client's express consent, unless the law requires it. This applies to enquiries from family members, employers, other professionals and the media.

Members must take particular care with confidentiality in group work, in shared or multi-use premises, in home-based practice and in online settings, and must take practical steps to manage the risks in each. Confidentiality continues after therapy ends and after the death of a client.

5. The limits of confidentiality

ICPHAA recognises a limited and clearly defined set of circumstances in which confidential information may, or must, be shared:

- **Consent.** The client gives informed consent to a specific disclosure, for example to their GP or to another service. Consent should be recorded and should state what will be shared, with whom and why.
- **Risk to the client.** Disclosure is necessary to prevent serious and imminent harm to the client, including a serious risk to life.
- **Risk to others.** Disclosure is necessary to prevent serious harm to an identifiable third party.
- **Child protection.** Members who are mandated persons under the Children First Act 2015 must report reasonable concerns about the abuse or neglect of a child to Tusla, the Child and Family Agency. All members should act in line with Children First National Guidance.
- **Adults at risk.** Concerns about the abuse or neglect of an adult at risk are acted on in line with the HSE National Safeguarding Policy for adults at risk and the Safeguarding & Duty of Care Policy.
- **Legal requirement.** A court order, or another legal obligation under Irish law, requires disclosure.
- **Clinical supervision.** Discussing client work in supervision is a recognised and ethically appropriate exception, provided identifying information is kept to the minimum needed.

COURT ORDERS AND LEGAL REQUESTS

A request from a solicitor, insurer or other party is not the same as a court order. Members should not release records in response to such a request without the client's informed consent or a court order, and should seek advice from their professional indemnity insurer or a legal adviser before responding.

6. Procedure when disclosure may be needed

A decision to share information without the client's consent is never taken lightly. Except where there is an immediate risk to life that requires emergency action, members should follow these steps:

1. Identify the concern clearly, and which of the recognised limits of confidentiality it engages.
2. Consider whether the client can be involved in the decision and whether their consent can be sought. Where it is safe to do so, tell the client what you intend to share and why.
3. Consult your clinical supervisor. Where the matter cannot wait for supervision, consult another experienced colleague without identifying the client unnecessarily.
4. Decide what is the minimum information that needs to be shared, and with whom, to address the concern.
5. Make the disclosure through the appropriate channel, for example Tusla, the Gardaí, the emergency services, the client's GP or the HSE Safeguarding and Protection Teams.
6. Record at the time: the nature of the concern, the steps taken before disclosure, who you consulted, what was disclosed, to whom, when and why. This record forms part of the client's file.
7. Review the effect on the therapeutic relationship and continue to support the client where appropriate, with supervision.

Where there is an immediate risk to life, members contact the emergency services first and record their actions and reasons as soon as possible afterwards.

7. Records, supervision and professional settings

Client records

Client records must be kept securely and accurately, in line with data protection law and the ICPHAA Code of Conduct for Members. Records are retained for at least seven years after therapy ends and, for clients who were under 18, until the client reaches 25 or for seven years after therapy ends, whichever is later. Records are then destroyed securely. Clients have the right to access their own records, subject to any limits set by law.

Supervision, training and case discussion

Members share only the information needed for effective supervision and remove or minimise identifying details. The same care applies to case discussion in training, peer groups and continuing professional development. Supervisors are bound by the same duty of confidentiality as the member.

Case studies, research and publication

Client material may be used in teaching, research, writing or presentations only with the client's informed written consent and with identifying details removed or altered so that the client cannot be recognised, including by themselves where that could cause harm.

Practice settings

Members make sure that sessions cannot be overheard, that records and devices are secured, that appointment information is handled discreetly, and that online sessions take place on secure platforms in a private space. The Digital & Practice Environment Policy sets out the detailed standards.

8. How ICPHAA handles confidential information

ICPHAA holds confidential information about members and others, including membership records, accreditation applications, Garda vetting evidence, complaints and disciplinary records, and financial information. All such information is treated as confidential and handled in line with the Data Protection Acts 1988–2018, the GDPR and the Association's Legal & Data Governance Policy.

- Access is limited to Board members, Registry staff, Accreditation Department staff and others acting for ICPHAA who need the information to carry out a specific function.
- Everyone with access is bound by a duty of confidentiality, whether through a contract, a volunteer agreement or a Board declaration.
- Information about complaints and disciplinary matters is handled strictly on a need-to-know basis, kept separately from general membership records, and disclosed only as set out in the Complaints Procedures and Disciplinary Procedures.
- Information that confirms a member's current membership status is made available through the public verification service at www.icphaa.ie/verify-certificate. Other information is not released without a lawful basis.

9. Responsibilities and breaches

Members are responsible for understanding and applying this policy, for explaining the limits of confidentiality to every client, for keeping secure records, for seeking supervision on difficult confidentiality decisions, and for reporting any personal data breach in line with data protection law.

ICPHAA is responsible for protecting the confidential information it holds, for providing guidance to members on request through the ICPHAA Registry, and for keeping this policy under review.

A breach of client confidentiality by a member that falls outside the recognised limits set out above is a breach of the ICPHAA Code of Conduct for Members. It may be considered under the Complaints Procedures and, where relevant, the Fitness to Practise Policy and Disciplinary Procedures. A breach of confidentiality by anyone acting on behalf of ICPHAA is treated as a serious matter and addressed under the Association's governance procedures.

Anyone with a concern about how confidential information has been handled by a member, or by the Association, can contact the ICPHAA Registry at admin@icphaa.ie.

10. Monitoring and review

The ICPHAA Board of Directors owns this policy and reviews it at least annually, or sooner where changes in law, regulation or professional practice require it. Learning from complaints, queries and data protection matters is taken into account at each review. The current version is published at www.icphaa.ie, and questions about this policy can be sent to the ICPHAA Registry at admin@icphaa.ie.

READ ALONGSIDE

- ICPHAA Code of Conduct for Members
- Safeguarding & Duty of Care Policy
- Digital & Practice Environment Policy
- Supervision Policy
- Legal & Data Governance Policy
- Complaints Procedures

DOCUMENT CONTROL

VERSION	DATE	CHANGE	APPROVED BY
1.0	9 November 2026	Reissued in the ICPHAA policy framework (replaces the former ICPA version).	ICPHAA Board of Directors

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