

Data Protection Policy

This policy sets out how personal data is collected, stored, used, and protected.

It complies with the General Data Protection Regulation (GDPR), the Data Protection Act 2018, and relevant professional standards including those set by the Health and Care Professions Council (HCPC) and the Royal College of Occupational Therapists (RCOT).

Lawful Basis for Processing

Under the GDPR:

- **Consent** – signed informed consent from clients (or their legal guardians) before collecting or sharing personal data.
- **Contract** – Data is processed as part of a service agreement to provide occupational therapy services.
- **Legal obligation** – Data may be processed and retained where required by law (e.g., safeguarding, minimum retention period for child records).
- **Vital interests** – In exceptional circumstances (e.g., medical emergencies), I may process data without consent to protect life.
- **Legitimate interests** – Basic data is processed for operational efficiency, such as scheduling, billing, and professional communication. As much as possible data is anonymised or only initials are used such as on invoicing.

4. Types of Data Collected

The following categories of personal and sensitive data may be collected:

- Client's full name, date of birth, address, contact details
- Parent/guardian information (for children)
- Medical, developmental, and educational history
- Assessment reports, therapy notes, goals, and outcomes

- Correspondence with other professionals (e.g., Speech and Language therapists, schools)
- Appointment and payment records

5. How Data Is Collected

Data is collected directly from clients or their legal guardians during:

- Initial assessments and intake forms
- Ongoing therapy sessions
- Written communications (email, referrals, reports)
- Phone or video consultations

6. Data Storage and Security

I take all reasonable steps to ensure data is stored securely:

- **Paper records** are kept in a locked filing cabinet box in a secure location. Personal data is kept off paper records (such as assessment forms) by using initials.
- **Electronic records** are stored on password-protected devices using encrypted files.
- **Cloud storage** is with Google Drive which has adequate data protection (e.g., under UK GDPR adequacy decisions).
- Devices used for professional purposes are regularly updated with antivirus protection and firewalls.
- Access is strictly restricted therapist and administrator.
- Anyone with access has a current DBS and is on the update service.

7. Sharing of Data

Data is only shared with third parties with informed consent, unless legally required or in exceptional circumstances (e.g., risk to life).

Possible recipients include:

- GPs and healthcare professionals
- Schools and education staff
- Social services or funding bodies
- Legal representatives (only when required)

All information shared follows the principle of **minimum necessary disclosure**.

8. Data Retention

In line with professional guidance and legal requirements:

- **Child client records** are retained until the client reaches **25 years of age**, or **26** if they were 17 when last seen.
- Records are securely destroyed after the retention period (e.g., cross-shredded, securely deleted).

9. Your Data Rights

Clients have the right to:

- Access their personal data
- Request correction of inaccurate data
- Request erasure of data (“right to be forgotten”)
- Restrict or object to processing (in some circumstances)
- Withdraw consent at any time
- Lodge a complaint with the **Information Commissioner's Office (ICO)**

Requests will be responded to within **30 calendar days**.

To make a request, please contact at:

Email: ambroisefarm@gmail.com
Phone: 07396804837

10. Data Breach Procedure

In the event of a data breach:

- I will assess the breach and take immediate steps to contain it.
- If the breach poses a risk to individuals' rights and freedoms, I will notify the ICO within **72 hours**.
- Affected individuals will be informed where appropriate.
- A record of the breach will be kept for accountability.

10. Whistle Blowing Procedure

In the event of whistleblowing:

1. Purpose

- Ambroise Therapies is committed to the highest standards of openness, integrity, and accountability. This policy allows employees and workers to raise serious concerns about safeguarding, malpractice, or wrongdoing without fear of reprisal or victimisation.

2. Scope

This policy applies to all staff, including temporary and agency workers, and volunteers. It covers "qualifying disclosures" made in the public interest, such as:

- Safeguarding concerns (e.g., inadequate protection of children, failure to follow procedures).
- Criminal activity or financial malpractice (e.g., fraud).
- Failure to comply with legal obligations.
- Dangers to health and safety.
- Deliberate concealment of any of the above.

3. Protection for Whistleblowers

- Under the Public Interest Disclosure Act 1998, workers are protected from "detriment" (harassment or unfair treatment) and dismissal. Ambroise Therapies will not tolerate any harassment of a whistleblower and may take disciplinary action against those who victimise them.

4. Internal Reporting Procedure

- Step 1: Raise the concern with your Line Manager.
- Step 2: If the concern involves your manager or remains unresolved, contact the Headteacher.
- Step 3: If the concern involves a director, contact the Royal College of OT (RCOT) for guidance.
- Concerns should ideally be in writing, outlining the background, history, and the reason for the concern.

5. External Reporting

- If you feel unable to raise the matter internally, or you are dissatisfied with the response, you can contact a "Prescribed Person":
- NSPCC Whistleblowing Advice Line: 0800 028 0285 (for child protection concerns).
- Local Authority Designated Officer (LADO)
- Royal College of OT

6. Confidentiality and Anonymity

- Ambroise Therapies will do its best to protect your identity if you request confidentiality. While you can report anonymously, it is often harder to investigate or provide feedback without a point of contact.

7. Untrue Allegations

- If an allegation is made in good faith but not confirmed by investigation, no action will be taken. However, malicious or vexatious allegations may result in disciplinary action.

This policy is reviewed annually or sooner if required due to changes in law or professional guidance.

Last reviewed on: 22/3/26