

GUIDANCE

Confidentiality considerations for psychologists who may have Covid-19

This guidance is correct at the date of publication (3 July 2020), but subsequent Government announcements or guidance may result in it becoming out of date. Please check the latest Government guidance before taking any action regarding contact tracing.

Governments across the UK have begun test, trace and isolate initiatives to protect the health of the public and to help prevent the spread of Covid-19. The names of these initiatives differ across the devolved nations and the rules around them may be subject to change.

If you test positive for Covid-19 you may be contacted by a contact tracer to find out who could be at risk. For psychologists, this may include service users where disclosing contact details could be considered a breach of client confidentiality.

The information required by tracers is the name and contact details, and not the reason you were in contact and all information you provide to contact tracers will be held in strict confidence and will only be kept and used in line with the Data Protection Act 2018 (www.gov.uk/guidance/nhs-test-and-trace-how-it-works). However, we recognise that some psychologists may have concerns about sharing this information. You should check if your employer or organisation has policies or procedures in place to cover how to proceed in this situation.

As tests are not currently 100% accurate, the considerations in this guidance may also be relevant if you have symptoms but have not been tested, been tested but not received a positive result or are awaiting results for Covid-19.

TEST, TRACE AND ISOLATE

If you are contacted, you will be sent a link to the NHS test and trace website and asked to create a confidential account where you can record the names and contact details of your recent close contacts. These people are then contacted and advised to self-isolate to prevent spread of the virus. When the tracers contact people to advise them to self-isolate, they do not disclose your identity.

You will only be asked to provide information about other people if you have had close contact with anyone other than members of your household in the 48 hours before you developed symptoms and in the time since you developed symptoms.

At the time of writing, close contact means:

Having face-to-face contact with someone (less than 1 metre away).

Spending more than 15 minutes within 2 metres of someone.

Travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane.

It is recommended that psychologists follow social distancing rules at all times.

SHARING INFORMATION

Giving information to contact tracers is voluntary and you cannot be compelled to provide information. However, psychologists have a duty of care towards their clients.

If you believe you have been in close contact with a client you should use your professional judgement as to how to proceed for the benefit of the client and wider public health. For example, there may be instances in which it is more suitable for you or your employing organisation to make contact with clients, rather than you disclosing client details to the trace system without informing the affected clients.

Points to consider:

It is best practice to get your clients consent before sharing information.

To pre-empt this issue, you could add this consideration to your initial discussions with clients about the limits to confidentiality.

If you have not had this prior discussion, there is no legal obligation to obtain consent since the track and trace process is specifically exempted under Section 251 of GDPR.

Seeking consent may delay notification of the potentially infected individual, who could then have infected other people.

If you are unable to contact your client within a reasonable period of time you may decide to provide details to the tracers in order to safeguard the client, their close contacts and communities.

Alternatively, you could contact clients personally or through your employing organisation

If you disclose personal health information to a client you need to be aware that this may impact on future client contact.

In exceptional circumstances where you consider the risk of harm from the tracer contacting the client to outweigh the risk of waiting to contact them personally, you should make a note of this decision and the reasons behind it.

Please remember that you have a duty of care to others but also to yourself so take care and give yourself adequate time to recover.

CONTRIBUTORS

Dr Roman Raczka (Chair), Chair Elect, Division of Clinical Psychology, and Chair, DCP England

Honorary Professor Dr Geraldine Akerman, Chair Elect, Division of Forensic Psychology, and member of the BPS Practice Board

Dr Helena Bunn, Division of Educational and Child Psychology

Janet Fraser, Chair Elect, Division of Occupational Psychology

Ghiselle Green, Trainee Clinical Psychologist, University College London

Dr Helen Griffiths, Chair Elect, DCP Faculty for Children, Young People and their Families, and Chair, Paediatric Psychology Network

Dr Carl Harris, Community Psychology Section

Dr Masrita Ishaq, Division of Counselling Psychology

Dr Linda Kaye, Chair, Cyberpsychology Section

Professor (Emeritus) Tony Lavender, Division of Clinical Psychology

Dr Cerys Miles, Division of Forensic Psychology

Professor Christina Richards, Chair, Division of Counselling Psychology

Dr Liz Simpson, Division of Health Psychology, Northern Ireland Branch

Dr Alex Stirzaker, Division of Clinical Psychology, NHS England South West

Benna Waites, DCP Leadership and Management Faculty, DCP Wales, Psychologists in Social Care Committee, Safeguarding Advisory Group

.....



St Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK

☎ 0116 254 9568 ♀ www.bps.org.uk थ info@bps.org.uk