



## Dignity4Patients

Park Heights, Grange Rath, Drogheda, Co. Meath  
Office Open: Monday – Thursday / Helpline Hours: 10am – 4pm

Helpline: 041 984 3730

Helpline Text: 086 165 4111

Helpline Email: support@dignity4patients.org

Office: 041 984 5761

## Client - Contract of Engagement

This contract of engagement is made between Dignity4Patients and...

|                 |
|-----------------|
| <b>Name:</b>    |
| <b>Address:</b> |

Dignity4Patients of Park Heights, Grange Rath, Drogheda, Co Meath provide patient support, advocacy, information and accompaniment services to persons who have suffered sexual abuse.

### Confidentiality

Confidentiality is a central and integral part of the Support process, it offers safety and privacy to those who choose to discuss personal and private concerns and it safeguards against any inappropriate or unnecessary disclosures. Information, written or verbal, given to the Service will be held in the strictest confidence.

### Limits to Confidentiality

In exceptional circumstances we may need to break confidentiality.

This occurs in one of two ways:

1. If a strong belief exists that there is a **serious risk** of harm or danger to either the client or another individual. This may relate to issues surrounding sexual/physical/emotional abuse; child sexual abuse; child protection issues; rape; self-harm; suicidal intent; violence or criminal activity.
2. Occasions when disclosure is required as part of a **legal process** or Garda **investigation**. In such instances information may be disclosed to significant others or appropriate third parties without permission. Where possible a full explanation will be given to the client regarding the necessary procedures and intended actions that may need to be taken.

### Fees

Currently there are no fees for accessing our services and helpline. However, donations to help cover the costs of operating our helpline are welcome. Donations can be made via our website.

Please sign and date this form if you agree to the above.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

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| <b>File No:</b> | <b>Date:</b> | <b>Received By:</b> |
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