

PROTECTING YOUR PERSONAL INFORMATION – CONSENT FORM

I understand that personal information gathered about me, and my circumstances during, and supporting, the assessment dated / / may need to be shared with other agencies and that those agencies will hold both paper and electronic records.

I agree to Adult Social Services sharing and/or seeking information about me with the agencies identified below. The information should only be used for the purpose of providing a service to me, however I understand that agencies may use information for statistical purposes, but this will not identify me.

My agreement is based upon my understanding that due care will be taken to disclose only that information that each organisation needs to discharge its responsibility to deliver a service to me.

	Tick applicable		
	Yes	No	N/A
Social Services/Social Care and Health Directorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS (GP, Community Nurse and other community based staff and hospital staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District/Borough Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Benefits, Council Tax Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department for Work and Pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Care Organisations (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>inc. family/ significant others</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Association (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Organisation (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that if I do not agree to information about me and my circumstances being shared with other agencies it may result in my not receiving services which I may otherwise receive. I understand that I am free to contact those agencies myself in order to access those services.

Full Name:

Signed: Date: / /

If signed on behalf of person detailed, print name:

Relationship to person detailed:

Practitioner Name:

Address:

Tel No:

Signed: Date: / /

Additional comments: