

Information Sharing Consent Form

I _____ of _____ hereby give my permission for (your name), to share personal information with other service providers in connection with my support. I agree to a referral being made to One Northern Devon, in order to support my needs. I understand that One Northern Devon may hold information gathered about me from the various agencies and as such my rights under the Data Protection Act will not be affected.

Statement of Consent:

I understand that personal information is held about me.

I have had the opportunity to discuss the implications of sharing or not sharing information about me.

I agree that personal information about me may be shared and gathered from the following agencies:

- One Northern Devon (including a team member to contact you from time to time)
Department of Works and Pensions/DWP/Job Centre Plus
Early Intervention Service including the police
Adult Services
Mental Health Services
Education Support Services
Social Care
Voluntary Sector Organisations
Housing Providers

Are there any agencies you do not want us to share or gather additional information with? Please list them here:

I agree to my information being shared and gathered between services

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process or wish to withdraw your consent please contact {add your contact, address, email, phone here as appropriate}

Name Email: Mobile:

Address

Post code Date of Birth

Signature Date

Signature of professional

Print name

Agency / service