

INFORMATION SHARING AND CONSENT FORM

The name of the child, young person or adult we are keeping records on.

Name: _____ Date of birth: _____

I confirm that I understand the following:

- * The reason I have been referred to the service or am getting involved with The Children's Society.
- * Why The Children's Society needs to keep information about me.
- * What kind of information is kept.
- * Who The Children's Society will share my information with.
- * Who I can contact if I am unhappy with anything about The Children's Society.
- * The situations in which The Children's Society will need to share information without my permission.
- * What my rights are about my information.

EYPDAS/Substance Use Services – specific consent

1. Do you consent to enter into treatment? Yes No
2. Do you consent to your information being stored on Theseus – the integrated electronic case management system commissioned by Essex County Council which is joined up across The Essex Treatment System?
 - a. Yes in full
 - b. Yes – shielded please give reasons
3. Do you consent to having your information stored on the case management system operated by The Children's Society? Yes No
4. Do you consent to this information being shared with the National Drug Treatment Monitoring System for the purposes of monitoring and research? Yes No
5. Do you understand your right to withdraw consent at any point? Yes No

Information sharing and consent

In order to provide you with joined-up and effective support and treatment with other services, we may need to share your information with other professionals. This may include sharing your assessment and recovery/care plan information as well as any on-going communication. This will only take place with your written permission which will be obtained during your assessment, and recorded on the consent to share information field as part of this. If you wish for us to have contact with any of your family members or any other significant person(s) this will also take place with your written permission.

Please sign below to confirm your preferences as indicated on the form above and to confirm receipt of the relevant service information sheet and confidentiality booklet;

Client name: _____ Client signature: _____

Key worker name: _____ Key worker signature: _____

Date: _____ Client number: _____



Information sharing list

The client should give details for the person who should be contacted in case of emergency:

Name: _____

Contact number: _____

Relationship to child, young person or adult: _____

List below all those people the client will allow information to be shared with.

Name of person with whom information can be shared	Relationship to client	Client signature	Date	Client should sign in this column if they wish to remove consent to share information with the named person	Date

Please sign below to confirm your preference as indicated above and confirm you have received information about the service and the confidentiality booklet or watched the video clip.

Signature of child, young person or adult _____ Date _____

If 13 or under, the person with parental responsibility to complete.

Name _____

Relationship to young person _____

Address _____

Signature _____ Date _____