

Information Sharing Consent Form

I _____ of _____

hereby give my permission for the Westgate practice to share personal information with

..... (name of external agency) in connection with my care, including accessing and sharing my medical, and if applicable, mental health and police records. I agree to a referral being made to (add local supportive services), in order to support my needs. I understand that (the host organisations) 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 above named agency

I agree to my information being shared and gathered between the above 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 the practice on 01543 416633.

Name

Address

Post code Date of Birth

Signature

Date

Signature of professional from external agency

.....

Print name

Agency / service.....