

# BIAN - Interagency Consent for Release of Information Form

## Interagency Consent for Release of Information Form

As some of the information that agencies hold can be sensitive, the following consent records the shared understanding that the information which each agency holds is:

- Used fairly and legally
- Only used for the purposes for which it was collected
- Adequate, relevant and not excessive
- Correct and up to date
- Kept on record for as long as is needed
- Processed in accordance with a person's rights
- Stored safely.

Service User Name \_\_\_\_\_ D.O.B. / /

I (name) \_\_\_\_\_ give my consent to (name agency): \_\_\_\_\_

and the manager/coordinator of the above agency to release the following information:

**To the following agency (please tick):**

- |   |                          |                                |                          |
|---|--------------------------|--------------------------------|--------------------------|
| HSE Addiction Service                   | <input type="checkbox"/> | Huntstown/Hartstown CDT        | <input type="checkbox"/> |
| Mountview/Blakestown CDT                | <input type="checkbox"/> | Mulhuddart/Corduff CDT         | <input type="checkbox"/> |
| Rehabilitation/Integration Service      | <input type="checkbox"/> | Coolmine Therapeutic Community | <input type="checkbox"/> |
| Tolka River Project                     | <input type="checkbox"/> | Genesis                        | <input type="checkbox"/> |
| Blanchardstown Local Employment Service | <input type="checkbox"/> | Others:                        | <input type="checkbox"/> |

Name	Agency/Relationship

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### Please Note:

1. Information passed on to any of the above listed agencies/people must not be passed on to further organisations/people without my expressed consent.
2. I have been made aware of, and understand, my rights under Freedom of Information Act, 1997 and the Data Protection Act, 1988.
3. This release of information will remain valid from the date of my signature below and until such time as I choose to withdraw my consent to any or all of the above listed agencies.
4. It may be rescinded at any time upon my request to the manager/coordinator of the agency or to my assigned key worker.

5. You have the right to access any data held about you including a description of the purposes for which it is held and to whom it may be disclosed. This must be done by written request and a response received within a period of 40 days from receipt of the request.

6. I am aware this agency (to whom I have given consent) is responsible for the data that is collected about me.

Service user Signature: \_\_\_\_\_ Date / /

Staff Signature: \_\_\_\_\_ Date / /

Agency Name: \_\_\_\_\_