

Cork Kerry - Interagency Consent for Release of Information Form

We would like your permission to collect and share information, when necessary, between workers involved in your care plan. We want to do this so we can understand your needs better, provide appropriate supports and avoid asking you for the same information more than once. This information will only be shared with other professionals as agreed with yourself as part of your care plan. This agreement covers information in your assessment and care plan and is valid for 12 months, at which time it will need to be signed again as part of your care plan review.

Name of agency collecting information: _____

I agree to information about me being shared with the following agencies; (please specify staff member within each agency)

As some of the information that agencies hold about you is sensitive, they must follow the principles of the Data Protection Act. These ensure that the information agencies have is:

- Obtained and processed in a fair manner.
- Kept only for one or more specified and lawful purposes
- Processed only in ways compatible with the purposes for which it was given initially
- Kept safe and secure
- Kept accurate and up-to-date
- Ensure information is adequate, relevant and not excessive
- Retained no longer than is necessary for the specified purpose or purposes
- A copy of your personal data is available on request.

The sharing of personal data by the case manager (name agency of case manager) can happen in certain circumstances:

- With the explicit consent of the service user. (data subject)
- Where the organisation holding the personal information is under a legal obligation to release the information, such as a court order.
- Where the release of the information is in the vital interests of the individual or another individual.

I agree that personal information about me may be shared with the organisations named on this consent form and only for the specific purposes set out on this form.

This agreement is only valid for 12 months and needs to be renewed after that.

Signature of service user: _____

Date of signing this agreement: ____/____/____

Witness _____ Date ____/____/____

You can change your mind at any time by contacting one of the workers involved in your care. This will be recorded on your file and logged onto this original consent.

Date consent withdrawn: ____/____/____

Signature of worker _____

Witness _____ Date ____/____/____