

**SE Substance Misuse Services**  
**Inter-Agency Shared Care Plan Confidentiality Contract**  
*(Adapted from Confidentiality Contract developed by Deidre Fitzpatrick – Ballyfermot Partnership)*

Service User's Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Service/Key worker: \_\_\_\_\_

We would like your permission to collect and share information, when necessary, between workers involved in your inter-agency 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 (e.g. your doctor, social worker or other workers) as agreed with yourself as part of your inter-agency care plan. This agreement covers information in your screenings, assessments and care plans and is valid for 12 months, at which time it will need to be signed again as part of your care plan review process.

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:

|  |   |
|--|---|
| <input type="checkbox"/> Used fairly and legally                               | <input type="checkbox"/> Kept only for as long as required by agencies Data Protection Policies |
| <input type="checkbox"/> Only used for the purposes for which it was collected | <input type="checkbox"/> Processed in accordance with a person's rights                         |
| <input type="checkbox"/> Adequate, relevant and not excessive                  | <input type="checkbox"/> Stored safely & securely   |
| <input type="checkbox"/> Correct and up to date                                |   |

**Your confidentiality is assured except when there is an issue around; child safety; violence to yourself or others; or the courts request a report from a worker. In the event of any of these issues arise where your information will be disclosed; your key worker will discuss this with you, explain reasons for need to disclose information, to whom the information is being disclose and where appropriate work with you to self – disclose and support you through the process.**

Below is the list of agencies you are agreeing to share information with in relation to your shared care. You may at any time remove your consent to share information with any one of these agencies or require another agency to be included which your key worker will assist you with adding and re-signing. There may be times when you will wish not to shared specific information with your care team; in the event this happens, you need to discuss this with your key worker(s) so a plan can be put in place to ensure your request fulfilled.

| Name of Agency/Service & Key Worker | Name of Agency/Service& Key Worker |
|-------------------------------------|------------------------------------|
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|                                     |                                    |

I, agree that information relating to my inter-agency care plan may be shared with the named key workers/agencies as part of my care team working to support me to achieve the goals I've set out to achieve.

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

|                            |   |
|----------------------------|---|
| Signature of service user: | Date of signing this agreement:<br>Renewal date on: |
| Signature of key worker:   | Date:   |

***You can change your mind at any time about giving consent to share information by contacting any of the workers involved in your shared care team. They will support you with decision and ensure that this contract is updated to reflect your current wishes.***

**Removal of Consent List**

| Name of Agency/Service & Key Worker | Date consent removed | Reason for removal of consent, if service user agrees | Client & KW Initials |  | Date |
|-------------------------------------|----------------------|---|----------------------|--|------|
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KW = Key Worker