

**EXPECT LIMITED**

**SERVICE USER'S CONSENT TO SHARE INFORMATION**

CQC Regulation 11: 'Need for Consent', Sharing and Protecting Personal Information

Service User's Name:		Date of Birth:	/	/
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**Your statement of consent**

Your privacy is important to us, and we want to communicate with stakeholders in a way which has their consent, and which is in line with UK law on data protection. Please fill in the contact details you want us to use to communicate with you:

Name: .....

Address: .....

Email Address: .....

Phone Number: .....

By signing this form you are confirming that you are consenting to Expect Ltd. holding and processing your personal data for the following purposes (please tick the boxes where you grant consent):-

I consent to Expect Ltd. contacting me by  post  phone or  email.

To keep me informed about news, events, activities and services at Expect (*note you can unsubscribe from this at any time*);

Signature: ..... Print name: ..... Date: .....

If you do not grant consent we will not be able to use your personal data; (so for example we may not be able to let you know about forthcoming news and events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from our Head Office.

You can withdraw or change your consent at any time by contacting the Data Protection Officer at Expect Ltd. 149-151 Stanley Road, Bootle L20 3DL or enquiries@expect-excellence.org.

Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.

**Statement of representative (if applicable)**

I represent the person on this form and (please mark as appropriate):

I agree with the decisions that have been made regarding the sharing of information.

I disagree with the decisions that have been made regarding the sharing of information because:

Signature: ..... Date: .....

Print name: ..... Relationship to person: .....

Source of legal authorisation e.g. LPA (if applicable): .....

## Statement of practitioner

Is this person able to understand why their information may be shared with other health or social care agencies, and are they able to give informed consent on this basis?

**A**  Yes, and I have explained to this person/their representative:

- Why we need to share information;
- Who we need to share information with;
- The consequences of sharing the information;
- The consequence of not sharing the information;
- That their information will be kept secure;
- Their right to decline to the sharing of some or all of the information;
- Their right to withdraw consent at any time;
- This person has signed this form overleaf;

or,

- I have explained the above during a telephone call and the person/their representative has given their consent verbally.

**B**  I am unable to judge whether the person is capable of giving informed consent and have referred the matter to:

**C**  No, because:

## Review of consent

This consent form should be reviewed at the completion of any new assessment to ensure that it still reflects the person's wishes.

Signature: ..... Date: .....

Print name: ..... Contact number: .....

Role in organisation: .....