

Advance Permission to Share Information

Authorisation for Release of Information about Service Users

Section One

I, (Complete in block letters)

hereby give permission for all those involved in my health and social care (e.g. GP, Social Worker, Care Coordinator, Psychiatrist) to release information to the people named below:

1. Who is my
2. Who is my
3. Who is my
4. Who is my

I am happy for these people to: (please delete as appropriate)

1. be informed about all information relevant to my care, for example medication or plans for discharge from hospital
2. be informed about my CPA Care Plan
3. be invited to attend care review meetings with me
4. act as advocates for me when discussing information relating to planned care, benefits etc

I do not wish my carers to be informed about

.....

Section Two

If I,, the service user, should become unwell in the future and at that time state that I do not want the above named carers to be informed about my care, the staff should: (please delete as appropriate)

1. Refer to the decision made in section one when I am well, as agreed with my carers
2. Ask what level of information I am happy for staff to share with my carers at this time
3. Assume that I have changed my mind regarding the sharing of
Information with the above named carers.

This decision should be reviewed every (i.e. week, fortnight, month)

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Section Three

I/We the carer 1.
2.
3.
4.

hereby give permission to release information to the person we are caring for.

His/her name is

His/her address is

Our address/es is/are 1.
2.
3.
4.

I/We do not wish information we give to staff to be shared with our service user relating to:

.....
.....
.....

We, the carers and service user, agree that we have been involved in all aspects of completing the form, that we have been informed about what we are signing and that we have voluntarily done so.

Our signatures have been witnessed by

Signed (service user)..... Name Date.....

Signed (carer) Name Date

Signed (witness) Name Date

Position (for example Carer Coordinator, CPN, Social Worker)

A review of this form is due within one year of the date above.