

**AGREEMENT FOR SHARING INFORMATION – In-Patient Services**

PATIENT DETAILS

<b>Surname</b>	<b>Forename</b>
<b>Address</b>	<b>Date of birth:</b>
	<b>Pims No:</b>

*Please delete either YES or No clearly so that there is no possibility of confusion*

1. Have you received the Trusts “Personal information and how we use it” leaflet

**YES / NO**

2. Is there someone who is an important part of your support – they may or may not live with you but offer you physical, practical or emotional assistance?

**YES / NO**

3. Please can you state the name of this person/persons and their relationship to you?

Name .....  
 Relationship .....

Name .....  
 Relationship .....

In healthcare terms this person is classed as a **Carer**. As a Trust we are obligated to ensure that Carers are provided with enough information to enable them to undertake that role.

When you are admitted to the ward your primary nurse will arrange to meet with your Carer to share general information. This will include information about the ward, what they might expect, Mental Health Services in general, available treatments, how they can seek support and other information that is already available in the Public domain. They will also be sent a carers pack that contains written information on the above.

Your primary nurse will not however share any information that is personal to you. We are bound by laws of confidentiality, which state that we cannot share personal information without your consent, unless it is felt that withholding such information may result in significant harm to the patient or others or we are required to do so by law. This is explained more in the “Personal information and how we use it” leaflet that is issued by the Trust and that you will have received.

In order to assist us with ensuring that you are provided with the best possible care

4. We would appreciate it if you would tell us whether you are willing for the person/persons named overleaf to be given information on the following:  
**(Please sign any that apply)**

	Signature
My condition and treatment options	
My medication and side effects	
My discharge date and aftercare	

5. Please could you tell us whether you are willing for the person/persons named overleaf of this agreement to be;  
**(Please sign any that apply)**

	Signature
Given a copy of my care plan	
Fully involved in all aspects of planning my care	
Invited to attend ward rounds or care plan meetings	

If you are not prepared to agree to any of the above please consider how this may effect how this person may be able to support you when you go home.

If you are completely sure that you do not want staff to discuss **any** personal information about your care then please sign here

.....

Please note that you have a right to change this decision at any time.

**Comments**

Do you have any comments about confidentiality or staff talking to your closest relatives/friends or other visitors that you would like taken into account?

**I have had the opportunity to discuss the above**

Signature (Service user) ..... Date .....

Signature (Staff) ..... Date .....