



Data Protection Act

Client Consent Form

In order for us to help you we need to record some of your personal details which may contain your sensitive data about your support needs.

To comply with the Data Protection Act (1998) we must tell you how we use this data and ask for your permission. By signing this form you are providing your permission for us to process your data for the purposes below. There is an accompanying Data Protection leaflet which explains more.

Permission to store your data

We are required by law to ask for your permission to record the details of your case. These details may contain your personal and sensitive data. The record of your case will be stored in a shared electronic case management system accessed by staff of Hillingdon Mind.

Paper copies of your data may also be stored securely Hillingdon Mind.

For the purposes of the Data Protection Act the staff of Hillingdon Mind are Data Controllers in common.

Yes – I give my consent to Hillingdon Mind to record sensitive personal information about me

No – I do not give my consent to Hillingdon Mind to record sensitive personal information about me

Name :

NHS no.

Signature :

Date: / /20

Permission to share your data with other service providers

Everything you tell us will be treated confidentially, however we may suggest that you go to another organisation because they will be able to help you. We are able to refer you to them and help get you an appointment. Ideally we would also give them the information you have given us.

If you give consent below, you are agreeing that Hillingdon Mind may:

Refer you to, make appointments with, or share your personal information with other service providers or health and well-being professionals so that they have initial information about you to help them assess the support they may be able to offer you

Yes I give my consent to Hillingdon Mind sharing my personal information with other service providers and health and social care providers for the purposes of efficient appointments and referrals to help me access appropriate support.

Name :

Signature :

Date: / /20
