

OP05.F01:-

Information Sharing Consent Form

Date Completed: _____

I consent to Tideway Care sharing my information with the following agencies and organisations on my behalf:

Name of Organisation or Person	Date Agreed	Limitations or Specific Requests

Names of family members with whom information may be shared:

Name	Relationship	Limitations or Specific Requests

Specific people who Tideway Care may NOT share information with:

Name	Relationship	Limitations or Specific Requests

Please tick each box and sign below to confirm;

- ☐ I understand that Tideway Care will record and store information relevant to me and my programme
- ☐ I consent to Tideway Care recording and storing this information and sharing information about my programme as outlined above. I understand that in some rare circumstances information may need to be shared without my consent

Name:	Signature:
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If signing on behalf of someone else, please complete below;

Name:	Signature:
Relationship to supported person:	

Tideway Care Programmes – Data Protection, Confidentiality and Record Keeping

Protecting your personal information and privacy is important to us. As part of developing and delivering on your personalised programme we need to record and store records about you and your care, these will include;

- Assessments of need
- Information about risks
- The goals of your programme and how staff should work with you to achieve them
- Records of discussions with you and your family or carers
- Reviews of your programme and your goals

All personal information will be kept in accordance with the Data Protection Act (2018), a copy of our Data Protection Policy is available on request.

Your records will be kept safely and securely in bespoke electronic systems with robust access controls.

Only relevant staff will have access to your information and it will only be used in ways that you agree with and in support of your programme or for audit and/or in support of regulatory requirements.

We will never sell your information or use it for marketing purposes.

Information Sharing

In addition to the staff who work with you we may need to share your information with some other people in support of delivering your programme. These might include;

- Family members, particularly those who have a power of attorney
- Your GP
- Social Services
- Other Care agencies working with you

We will always be transparent about who we share information with and why. We will endeavour to always take into account your preferences in relation to who we share information with and to act in your best interests when making these decisions.

Please provide your consent for this by completing the information sharing consent form.

Once completed we will review this regularly and you are welcome to amend or withdraw your consent at any time.

If you have any questions or concerns about your information or who has access staff will be happy to discuss this with you.

You can also contact Tideway Care's Data Protection team directly by emailing:

data@tidewaycare.com