



## Adult Social Care

Consent to Share Information

### **Details** (the person this assessment is about)

Name	
Address	
Date of birth	
Signature	
Office use only Care First ID	

### **1) Permission**

By signing above I understand that I will be giving my personal information to you Adult Social Care (Solihull Metropolitan Borough Council) and you will keep it safe (in accordance with the Data Protection Act, 1998) and only use it to help plan my care and support.

I also understand that you may need to share relevant information with professionals in other organisations or agencies, such as housing services, voluntary organisations and health services to make sure that I can get the care and support I need.

I also understand that if there are any concerns about my health/well being and safety these may be discussed by the Adult Social Care staff with other appropriate professionals in line with Solihull Metropolitan Borough Council Duty of Care responsibilities.

The reasons for sharing this information are to:

- Provide the most appropriate service(s) to you to meet your needs
- Ensure you have access to other services you may be entitled to
- Keep our records up to date

I understand that you will only share my information when it is necessary to do so, and that my information will not be shared for marketing or other commercial purposes.

I am giving you my permission to share the information for this purpose, and I understand that I can take away my consent at any time. I am aware that I can say if there is any particular organisation that I do not want to see my information. I am aware that you will not share it with my relatives or friends without my knowledge or agreement.

If you do not agree, or if you have any questions about sharing your information please discuss with the person undertaking the assessment or speak to a Customer Advisor on 0121 – 704 8007.

If I do not agree, I understand that this may make it difficult to arrange the care and support I need.

Details of any person / organisation that consent to share information with is not given

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**Service User/Carer/Representative**

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**Agreement Date:**.....