



Children and Family Health Devon

Information Sharing Consent Form

I agree to the information collected in the RFS/DAF/ISP* and any other supporting information provided to be shared with other professionals within CFHDevon, relevant health and social care organisations and agencies. This includes children’s centres, CAMHS services and education in order for my family to receive the best possible service, but on the basis that this will be done securely. Information is only ever shared on a need to know basis and always to ensure the care of the child. Sharing information will always be completed in line with the Data Protection and Caldicott Principles.

I understand that I can withdraw my consent to the sharing of my/my child’s personal information at any time and agree to inform the relevant professional if I wish to do so. However I am aware that if consent is withdrawn, provision of services may not be possible.

I understand that I have the right to know where and with whom my information is shared, and that I can contact CFHDevon if I need assistance on understanding how information is managed.

I understand that information may need to be shared without my permission if the safety of my child/ children/family or any other person is at risk or for a legal basis such as if the information is needed to help stop or solve a crime.

I understand that any information about me and my family will be held securely by CFHDevon and that my personal information is protected by the Data Protection Act 1998. It will not be held for any longer than necessary.

Name of Child or Young Person	_____
Date of Birth	_____
Name of person completing this form	_____
Signature	_____
Date	_____
Relationship to child	_____
NIIs there any information you prefer not to be shared or any person or organisation you would not want your information shared with?	_____

Mental Health NHS Reporting – Opt Out to Information Sharing

As an NHS service provider we are required to provide data regarding our patients care to the Health and Social Care Information Centre (HSCIC). This specifically relates to those receiving treatment for mental health conditions. If you are using the CAMHS service, you/your child may be asked to complete questionnaires about feelings, progression towards treatment goals, and how helpful you think the service has been. Your therapist will check these with you to make sure they are helping the best they can. When we submit this data, it will not be possible to identify you personally, because we will make the information anonymous, this means we will remove any personal information that could identify you like your name, address or date of birth. If you wish to opt-out of participation in these submissions then please contact us on TSDFT.DevonSPA@nhs.net

***DAF** – Devon Assessment Framework **ISP** – Integrated Service Plan **RFS** – Request for Service