



Collecting and Sharing Information

SU Name:

SU DOB:

Assessment and Treatment means finding the best way to help you

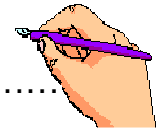
To do this I need to find out some things about you



I will talk to you

I will talk to the other people who help and support you

The people I will need to talk to



.....  
.....  
.....



I will share the things you tell me at ward round and staff handover meetings

I might need to share the things you tell me with other services



This is to make sure you are getting help from the people who can support you best

SU Name:

SU DOB:



I will keep your information safe

Your information is put in a file with your name on it

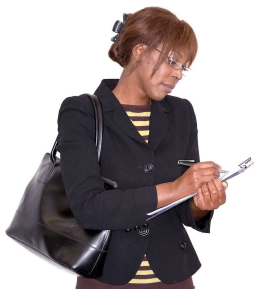


Your file is kept in a filing cabinet



The words are put on a computer

If you need to see your information ask someone to help you.



We might need to look at your information if we are asked to do an audit or survey about our services.

We can share your information by e-mail.

This means changes can be made on the computer.

Information like your health action plan and your care plan.



SU Name:

SU DOB:

This form has been explained to me and I am happy with it

Client Name:.....

Client Signature:.....

The purpose of collecting and sharing information, where the information will be stored and who can access the information, has been explained to the client.

Tick Box

The client has not signed the form

Reasons:

.....  
.....  
.....  
.....  
.....  
.....  
.....

The client is unable to sign the form but it has been explained to their carer. (This is not to gain consent but to inform them of the process)

The client has signed the form and I think that they understand the above.

The client has signed the form but I think they may have had some difficulty understanding the above.

Staff Signature: ..... Date: .....

This form will be explained again throughout the client's treatment.