



Permission to share information with others

In order for us to offer a service based on your particular needs, it may be necessary for Headway to liaise with other agencies to gather and share the relevant information. We would like the service user's permission to do so.

Name of Service User DOB

The service user gives permission for Headway to share relevant information about him/her with: -

(Please indicate by ticking the appropriate box)

- | | | | |
|-----------------|--------------------------|--------------------|--------------------------|
| GP/Hospital | <input type="checkbox"/> | Police/Probation | <input type="checkbox"/> |
| Social Services | <input type="checkbox"/> | Employment Service | <input type="checkbox"/> |
| Benefits Agency | <input type="checkbox"/> | Family | <input type="checkbox"/> |

Is there anyone with whom the service user **does not** wish us to share relevant information? Please state.

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Signed by Service User **Date:**.....

The service user may write to Headway at any time withdrawing permission for us to share information with other agencies.

HEADWAY'S POLICY ON CONFIDENTIALITY IS ADHERED TO AT ALL TIMES. A COPY OF THE POLICY CAN BE MADE AVAILABLE.