**CONSENT FORM – FREQUENT ATTENDERS SERVICE**

NAME OF SERVICE USER:

DOB:

Please read the statement below and sign:

You have been referred to the Frequent Attenders Service for support and assistance to reduce your use of emergency services. This service is delivered by a multi agency team of professionals. It will be necessary for members of the team who are involved in your care, to have access to information about you, on a need to know basis. This may include your GP, medical staff, nurses, including midwives and health visitors, occupational therapists, social workers, psychologists, police and probation services

If we arrange a service from a third party, for example: voluntary organisation or housing support, we may pass information they require to meet your needs.

There are some circumstances where agency’s duties, in the public interest, may require the disclosure of information that would otherwise be kept confidential. Examples of this may include a child at risk, or where there is evidence of serious criminal activity

Information will be stored on computers and/or on paper as part of your care record to enable these organisations to carry out the necessary management, administrative and other work required to deliver your care safely and effectively

Consent agreed:.......................................................... Date:.................................

Consent declined:...................................................... Date:...................................

Specific Instructions (e.g. to whom information may not be given):