

## Confidentiality Waiver

**Client's name:** ..... **Date of birth:** .....

We want to give you the best possible service, and we think that working alongside the other organisations who support you will help this. Our Service User Privacy Statement explains when and with whom we exchange information. The Confidentiality Waiver asks whether you consent to us sharing and using information as detailed in the Privacy Statement. The Confidentiality Waiver can be reviewed with you at any point. **If you change your mind about who you want us to talk to, please let us know.**

When required we attend case conferences and professional meetings with other agencies where your case may be discussed; this is to ensure that you receive the best possible service and support. Information shared in these forums will be kept to a minimum and will always be relevant to planning your support.

With your consent we may send your information to our partners in the Oxfordshire Mental Health and TalkingSpace Plus Partnerships, or to other agencies, in order to refer you to their services.

We will respect your right to privacy whenever possible and will only talk to those organisations who you have given us consent to talk to in this form. The only exceptions to this, when we will breach this confidentiality agreement without your permission, are under the following conditions:

- **When there is a serious risk to either yourself or others or when we are concerned about your safety**
- **Where there is a legal requirement to share information, such as a serious crime or a child protection issue**
- **When we are required to share information with our commissioners or other funders for monitoring purposes**

### Consent

You can request that information about you is not shared with a particular agency. **Please cross out any agency below that you do not want us to share information with.** Please note that if any of the exceptions listed above apply, we may still have to share information or speak to these agencies. Also please bear in mind that restricting who we can talk to can have an impact on our ability to work with you.

I consent to workers from Oxfordshire Mind requesting, receiving and keeping information from the individuals or organisations indicated below, and sharing my information with them, while I am a Service User with Oxfordshire Mind.

Agencies in the Mental Health Partnerships including:

Elmore Community Services  
Response

Restore  
Connection Support

Oxford Health NHS Foundation  
Trust

Housing Providers  
Drug & Alcohol Services  
Children's Social Care  
Information Sharing Forums

Other medical services  
Jobcentre / benefits agencies  
Adult Social Care  
Solicitor

Probation  
Police  
GP  
Local Authority

**Other Agencies**

Carers and/or family members or other people/agencies that information **can** be shared with

Name                      Relationship                      Contact details

Carers and/or family members or people/agencies that information **cannot** normally be shared with

Name                      Relationship                      Contact details

**Signature**

- I have had the Service User Privacy Statement explained to me and/or read the statement
- I understand that my information will be shared as part of contracts monitoring

Service User Signature:.....

Worker Signature .....

Support Worker name (print): .....

**Date:**.....