

(PRINT YOUR DETAILS IN BLOCK CAPITALS)

Name: ..... DOB: .....

*For any written information we need to send to you, we will use your email rather than post. If you have specific communication needs relating to a disability, impairment or sensory loss, we will use your preferred method of communication.*

Address and postcode: ..... Mobile phone: .....

..... Home phone: .....

..... Your email: .....

..... AHC reference number (if known):

.....

..... NHS number (if known): .....



For your records

## My permission to share – assistance to record

*Use this form only where a client has capacity and requires assistance to physically record consent.*

When you contact Hampshire County Council, we will ask for information about you and your situation so that we can understand your needs.

In certain situations, we are permitted by law to use and share your information without seeking your consent. Please see our 'Your Information' booklet for full details.

In some circumstances we can only share your information if we have your consent to do so.

You can ask Hampshire County Council to share your personal information with other people or organisations for example:

- So you don't need to repeat your story over and over again.
- So professionals can make informed decisions faster.
- So family members or friends know about your care and support.

If you would like to share your information with another person or organisation, you can ask someone to help you fill in this form to show who you choose to share with.

This form has five parts:

- 1 Sharing my relevant information with health organisations and other local authorities.
- 2 Sharing my information with friends and family.



**Hampshire**  
County Council

[hants.gov.uk/adultsocialcare](https://hants.gov.uk/adultsocialcare)

- 3 Sharing with other departments and organisations so they can offer services.
- 4 Sharing with community, charity and voluntary organisations so they can assist me.
- 5 Confirmation of consent.

In directing my Key Worker or representative to fill in this form according to my instructions, I am agreeing to my information being shared as set out below:

**1 Sharing my relevant information with health organisations and other local authorities**

**a For my care and support**

- i We work together with health organisations and other local authorities in order to support you. The law requires us to share your relevant information with them for certain things, such as discharging you from hospital or if you move to a different area. For all other things, you can choose whether to let us share your information with health organisations or other local authorities who are involved in your care.

If you want us to share your relevant information with health organisations or other local authorities when they are involved in your care, please tick which ones below:

☐

Your GP

☐

Relevant Integrated Care Board (ICB – a health organisation that commissions services)

☐

Health providers including hospitals, ambulance services and community health service providers

☐

Other local authorities, such as district councils

**ii Care and Health Information Exchange (CHIE)**

The Care and Health Information Exchange (CHIE) is a secure system which enables the sharing of limited health and social care information between health and social care organisations.

☐

If you would like parts of your social care record added to CHIE, please tick this box

**b For research, evaluation and planning future care services**

We sometimes work in partnership with consultancy agencies, health organisations or universities to explore how social care and health services in Hampshire can be developed and improved. We would not be making individual decisions about you.

If you would like us to share your information with such partners for these purposes, please tick the relevant boxes below:

☐

Consultancy agencies

☐

Universities

☐

Health organisations

## 2 Sharing my information with friends and family

I agree to relevant parts of my information being shared with the following friends or family members so they can assist me. *(Please fill in the boxes below if you are giving consent.)*

Full names, contact details (address, telephone, email) of people I want my information shared with, and their relationship to me (eg father, mother, son, daughter, friend)	I do not want the following types of information shared with these individuals

## 3 Sharing with other departments and organisations so they may offer services

I consent to my contact details (name, address, phone number, email address and/or NHS number) being used and shared with the departments and organisations I have ticked below so that I can receive services that may be of benefit to me.

We cannot guarantee that they will be able to offer you a service.

*Please tick the relevant organisations below:*

- ☐ Organisations who do health checks, such as your GP, pharmacy or other health service, so they may offer a health check.
- ☐ Trading Standards so they may offer help against scams, doorstep crime and cold callers.
- ☐ Hampshire and Isle of Wight Fire and Rescue Service so they may offer a safety check.
- ☐ Relevant District and Borough Councils so they may offer support with housing and housing benefits.
- ☐ Relevant Housing Associations so they may offer support with housing.
- ☐ Department of Work and Pensions so they may offer help with Benefits.
- ☐ Providers of Meals on Wheels.
- ☐ Providers of Telecare.

#### 4 Sharing with community, charity and voluntary organisations so they can assist me

I consent to my basic contact details (name, address, phone number, email address if you have one) being shared with the community, charity or voluntary organisations I have listed below so they can offer to assist me.

The person going through this form with you can write them down for you. We cannot guarantee that the organisations will be able to offer you a service.

*(Please fill in the boxes below if you are giving consent.)*

Name of organisation	Any restrictions (eg only name and phone number)?

#### 5 Confirmation of consent

I give permission for my information to be shared with the people and organisations specified above. I understand I may withdraw consent at any time, but that my information will be shared until I do.

I, ..... *(insert name of person completing the form)*

confirm that ..... *(insert name of person concerned)*

has directed me to complete this form and has given consent for their information to be shared as specified above.

Date: .....

#### Changing my mind

I understand I can change or withdraw my permission to share information about me at any time in the future.

The County Council will discuss any concerns I may have about sharing my information in case my refusal to give permission could restrict the services or support they can provide me.

If you want to update how your information will be shared by Hampshire County Council then please raise an enquiry via our online form: [hants.gov.uk/socialcareandhealth/adultsocialcare/contact/self-referral](https://hants.gov.uk/socialcareandhealth/adultsocialcare/contact/self-referral) or telephone 0300 555 1386 (Out of Hours 0300 555 1373).

For more information about  
Adults' Health and Care, visit:

[hants.gov.uk/adultsocialcare](https://hants.gov.uk/adultsocialcare)

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