

Reference:

## Authorisation and Consent

As required by the General Data Protection Regulation, we need your consent to the use and disclosure of any confidential information relating to you. We also need your permission to access your relevant medical and care records, and where appropriate your employment records, and to discuss your treatment and progress with doctors, therapists, and other professionals who are working with you, and where appropriate with your employer.

We also need your permission to provide information concerning your injuries, circumstances, treatment, and progress, to your solicitor if you have one, and to the fee payer / their solicitor.

Finally, and in order to ensure that we offer you a high-quality service, we may also need to use some information to meet all regulatory requirements and professional standards. This may include making information available for any audits which are required by the Prudential Regulation Authority, Financial Conduct Authority and the Health Care Professions Council, and may also include sharing information with Independence Works colleagues for the purposes of supervision and quality assurance. We will also use statistical data for the purposes of evaluation and research.

When you sign this consent form, you are agreeing to all the uses of information outlined above, and any other use and sharing of personal information which proves necessary and appropriate in the course of your rehabilitation. Your Occupational Therapist/Case Manager is a registered data controller with the Information Commissioner, and will hold and use your information only in accordance with the General Data Protection Regulation and associated guidance. We will take all reasonable measures to safeguard your information while it is in our possession.

You have a right of access to any information obtained and held by your Occupational Therapist during your rehabilitation. If you require the copying of a large amount of information you may be charged an administration fee for this.

I confirm that I have read and understood the information contained in this form.

I consent to the Independence Works (IW) Occupational Therapist/Case Manager obtaining, using, and disclosing my personal information including health information as outlined in this form for the purposes of promoting my rehabilitation.

Name:

DOB:

Signed:

Date:

If you have signed this consent form on behalf of someone else, please indicate your legal status or relationship to that person:

If you choose to withdraw your consent, please inform your IW Occupational Therapist / Case Manager in writing.

**Complete only if this form has required translation:**

I can confirm that I have explained the details of this form in such a way that the client has understood fully its contents.

Name:

Relationship to Client:

Signature:

Date:

## CONSENT FORM – PRIVACY POLICY

This privacy policy as part of the consent form sets out how Independence Works uses and protects any personal information that you provide us.

Independence Works is committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified when using our services, you can be assured that it will only be used in accordance with this privacy statement.

Please note, as per Article 26 of the GDPR, we are Controllers in Common with the insurer and the solicitor, where indicated.

This policy is effective as from today.

### Why we collect your data

We collect your personal data because you give us consent to do so, in order to provide our specialist case management and occupational therapy services to you.

### What we collect

We may collect the following information:

- Personal information about you, including medical and lifestyle information;
- Further clinical information in relation to reports from other health professionals.

### What we do with the information we gather

We require this information for the purpose of:

- Professional clinical record keeping of client information;
- Sharing information with relevant health, insurance and legal professionals.

### Security

We are committed to ensuring that your information is secure. In order to prevent unauthorised access or disclosure, we have put in place highly encrypted electronic systems and managerial procedures to safeguard and secure the information we collect.

### Controlling your personal information

We will not distribute, sell or lease your personal information to third parties unless we have your explicit permission or are required by law to do so.

You may request details of personal information which we hold about you under the General Data Protection Regulation (GDPR). If you would like a copy of the information held on you please contact the IW Administrator at this address: Independence Works, PO Box 12271, Brentwood, ESSEX, CM14 9PN.

If you believe that any information we are holding on you is incorrect or incomplete, please email or write to us as soon as possible at the above address. We will promptly correct any information found to be incorrect.

### How you can withdraw and request to be deleted from our files

If you do not wish us to make use of your personal information in this way, please contact the IW Administrator as above or email [admin@independenceworks.net](mailto:admin@independenceworks.net). You have the right to withdraw consent.

Should you have any queries in relation to General Data Protection Regulation (GDPR) our Data Protection Lead can be contacted c/o Independence Works, PO Box 12271, Brentwood, ESSEX, CM14 9PN / email: [admin@independenceworks.net](mailto:admin@independenceworks.net)