

Reference:

Employment Access Authority Form

Name of Client:

Address:

Postcode: Telephone:

Date of Birth:

Employer:

Address:

Postcode: Telephone:

Job Title:

Work Location:

Postcode:

I, consent to the disclosure of my relevant employment records and if applicable, the records held by the Disability Employment Advisor to the appointed Independence Works Occupational Therapist / Case Manager.

I also consent to Independence Works Occupational Therapist / Case Manager to contact my employer to discuss all aspects of my return to work.

Any personal information obtained by the IW Occupational Therapist/Case Manager will be dealt with in accordance with the Data Protection Act 1998.

Signed: Date:

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

Complete only if this form requires translating:

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:

Signed: 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. 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