

## Customer Details

CIS Number:	[CIS Customer Ref]
Customer Name:	[Person Title] [First Name] [Last Name]
Address:	[Street Address], [City], [County], [Postcode]

## What we discussed

## What needs to happen now and who will do it?

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## Information sharing between health and social care professionals

Please refer to the leaflet 'How we will use the information on this form', before you complete this section and record your decisions below, as it explains how we will use the information on this form.

I agree that you can share my information (including information about my care needs) between health and social care professionals when you are arranging my care.

*If you decide not to share your information for these purposes, this will not stop you from receiving care, but may limit how we are able to support you.*

Yes  No

## Information sharing with Other Organisations

I agree that my information (including information about my care needs) can be shared with other organisations when you are arranging my care. I realise that this may involve my information being shared with a number of organisations to help decide which organisation is best able to meet my needs.

Yes  No

## Changing your decision

Please note that you will be able to withdraw your consent for information sharing at any time, by contacting us on 0113 2224401

## To be completed by Social Care or Health Worker

Has the person read and understood the information sharing leaflet?

Yes  No

If it has not been possible to make the person aware of the information sharing leaflet, or if the person is not able to give consent please specify why below:

[ ]

### My Declaration

In signing this form I agree that it is an honest view of my current situation

\* Signature:

Print:

Date:

Please indicate if appropriate

Yes

No

\* If the person is unable to sign, please tick here and specify why below:

[ ]

### Social Care / Health Worker Recording the Conversation

Signature:

Print:

Job  
Designation:

[ ]

Date: