



Data Protection Service User Consent Form

Consent form for obtaining, protecting and using personal information

Name: _____ Date of birth: _____

Our commitment to keeping your personal information safe

West Limerick Independent Living is committed to protecting the confidentiality of your records under the Data Protection Acts 1988 and 2003.

- We will make sure that any information we process is:
 - accurate, relevant and up to date,
 - not excessive (no more than we need to provide a quality service) and
 - accessed by authorised persons only
- We will take measures to keep your information secure so that it is not:
 - altered,
 - disclosed without authorisation,
 - accidentally destroyed or lost.

What type of information do we process?

West Limerick Independent Living must keep your personal details and medical health and social care information on file, this is necessary to enable us deliver an effective personal support service. These files consist of paper and electronic records. The following is a sample of the information that we process:

- Your name & Address
- Your date of birth
- Detailed medical health information, ongoing clinical reports, details of care and treatment programmes and so on.
- Family contact details
- Care plan details
- Copies of all correspondence (letters and e-mails) between us, you and third parties such as HSE, your GP and so on.

Who accesses your information?

Only relevant West Limerick Independent Living staff members are permitted to access your information, they will share your information with other disability teams within HSE Mid-West region only. This is necessary to ensure an effective and efficient service. All staff sign confidentiality statements as part of their employment contract.

Are there times when information cannot be kept confidential?

Yes, sometimes we can disclose personal information to third parties without your permission.

- If we have concerns, a child or vulnerable adult is at risk of abuse or being a potential safety or abuse risk to themselves or others, we must report them to authorities e.g. the Gardaí or other health or social services.
- We must share information when it is urgently needed to prevent injury or other damage to the health of any person or prevent serious loss of or damage to property.
- We must share details if required by law or ordered by a court.
- We may need to share information to obtain legal advice. If a staff member is involved directly or indirectly (as a witness) in a situation that is the subject of a legal action, they will need to share information to assist the court with the legal proceedings.
- We must disclose information to health professionals in a medical emergency.

I, _____, have read and understand the general information about consent.



Consent to deliver a personal support service, obtain, use and share specific information

Name: _____ Date of birth: _____

West Limerick Independent Living needs your consent to enable us to deliver a personal support service to you and carry out the specific tasks in the table below. Please tick v the relevant box to show whether you consent (agree) to each one.

Tasks	I consent	I do not consent
1. I allow staff from West Limerick Independent Living to visit my home or place of residence to discuss my personal care and assisted living needs.		
2. Obtain relevant information from me, my next of kin, the HSE or medical professional and obtain relevant professional reports about my health or social care needs from third parties.		
3. Disclose relevant information or professional reports in strict confidence to other agencies or professionals as necessary.		
4. Disclose relevant information to health care professionals to enable them to assess my needs, if appropriate.		
5. Record information to assist with my social care assessment and therapy (for professional use only and will be stored securely in your file).		
6. I allow staff from West Limerick Independent Living to call an ambulance to take me to hospital if an medical emergency arises during service delivering in my home/place of service.		
7. I allow staff (Personal Assistant's) from West Limerick Independent Living to assist me with the tasks of daily living including my personal and intimate care needs.		
8. I allow staff (Personal Assistant's) from West Limerick Independent Living to prompt or supervise me with medication from a dossett/blister pack, which has been filled by my pharmacist or family member.		
9. I provide my consent for my child(ren) to travel to and from school with or be accompanied by Personal Assistants assigned to support me in all tasks of daily living by West Limerick Independent Living.		
10. I allow staff from West Limerick Independent Living assist me with my finances. This may involve collection of pension, shopping or bill payments in accordance with the Company's policy.		

This form must be signed by the client named on this form.

Signed:
 Client (service user)

Date:

Signed:
 Service Coordinator

Date:

This consent is valid until we discharge you from our service. You must contact us if you wish to withdraw your consent before then. If you have any questions about any aspect of this information please contact your Service Coordinator or Administrator.

PLEASE SIGNE EACH SIDE OF THIS FORM