**Consent to Release Health Records under the Data Protection Act 2018/General Data Protection Regulations 2016/Access to Staff Records Act 1990**

This consent form must be signed by:

* The person who is currently, or was most recently, responsible for the data subject in connection with the information that is the subject of the request; or
* Where there is more than one such person, the person who is the most suitable to advise on the information that is the subject of the request.

Note: if the person has left the organisation the current or most suitable person must advise on the information that is the subject of the request.

I *(name)*…………………………………………..………………... of *(dept.)* ……………………………………

confirm that I have viewed the records of the data subject whose details are as follows:

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Service/Dept** |

And *(tick box)*:

|  |
| --- |
| I authorise the release of the requested information to the applicant **(if consent covers more than one RDASH service’s records/notes, please identify the other RDASH services)**…………………………………………………………………………………………….………………………………………………………………………………………………………………………………………….…….. |
| I authorise limited release of the requested information to the applicant because *(give details)* |
| ………………………………………………………………………………………………………………… |
| ………………………………………………………………………………………………………………… |
| I do not authorise the release of the requested information to the applicant because *(give details)* |
| ………………………………………………………………………………………………………………………………………………………………………………………………………………………………....... |

*(Please note that a reason for not releasing requested information is required for Information Governance purposes and will not be disclosed to the applicant)*

# **Declaration**

By signing this form I am agreeing that:

* A copy of the information, for which I have authorised the release, is attached and the original information has been returned to the place of storage
* The attached copy information pertains to the correct data subject, the details of whom are shown above
* Third party information, for which we do not have consent to release, has been removed from the attached copy information
* Information that is likely to cause serious harm to the physical or mental health of the data subject or another person has been removed from the attached copy information

Signed: …………………………………

Date: ……………………………………