

Information Consent/Sharing Form

I (Name:): _____
 give my permission for LTEN to share my personal information with other service/referral providers in order to support my needs. I understand that LTEN may hold information gathered about me from the various agencies and as such my rights under the Data Protection Act will not be affected.

Statement of Consent:

- I understand that personal information is held about me.
- I have had the opportunity to discuss the implications of sharing or not sharing information about me, in order to support my needs.

I agree to my information being shared and gathered between services

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent please contact: [.....](#)

Name

Address

Post code **Date of Birth**

Signature

Date