

## Appendix 6

### Bath and North East Somerset Drug and Alcohol Services Confidentiality and Consent Form

During your treatment with drug and alcohol services we will ask you for information so that we can carry out a comprehensive assessment of your needs and you can receive the best care and treatment. So that we can provide you with the best possible treatment, we will need to store your information. All of your data will be kept electronically on our client record system ILLY, which is confidential and audited on a regular basis to ensure your data is securely stored.

We are obliged by law to notify and involve other agencies if;

- There is significant risk of harm to yourself or others, particularly if we are concerned about the welfare of a child or believe a child may be suffering significant harm.
- You are summoned to court to provide evidence.
- You are found to be discussing the sale or purchase of illegal drugs, or found to be in possession of these whilst on service premises.
- You disclose information about criminal offences or related to an act of terrorism.
- There is a medical emergency; information will be given to ambulance or hospital staff to save you.

In order to deliver a safe and effective service we share some information about you with:

- The National Drug Treatment Monitoring System (NDTMS) which is anonymised (with your full name and address not being passed on). NDTMS is the database used to collect information on drug and alcohol treatment provision. It is held and managed by Public Health England, and is responsible for collecting drug and alcohol data and for overseeing drug and alcohol misuse treatment in England. Please see the '**welcome pack**' for details.
- Your GP and pharmacist who will be kept informed about your progress in treatment if you are being prescribed medication and/or they are part of your treatment package.
- If you are receiving treatment or support from other services, and it is helpful to share information with them or ask them to provide information about you.

Information will be shared with the services outlined on a '**need to know**' basis, for example, 'your pharmacist is supervising medication as part of your treatment, and will be given only relevant information to enable this to happen safely'. This means only sharing the minimum information necessary to serve your best interests.

**Working together for health & wellbeing**

More detailed information can be found in the ‘welcome pack’ and will be discussed with you as part of your treatment. Your privacy is very important to us and consent to share information will be reviewed on a regular basis.

We will share your information with the agencies below **when they are part of your treatment support.**

- B&NES Drug and Alcohol Services (eg DHI, SDAS or Project 28)
- GP
- Pharmacist
- Wider Avon and Wiltshire Partnership services (AWP) eg mental health services
- Young People’s and Children’s Services (eg Social Care, CAMHS)
- Criminal justice agencies where appropriate (eg the Police, Probation, or YOT)

I agree to my information to be held and shared within the treatment service and with NDTMS.

I consent to other agencies if they are involved in my care, **please tick** as appropriate:

Sirona Care and Health	<input type="checkbox"/>	Housing Support Service	<input type="checkbox"/>
Education or College	<input type="checkbox"/>	Benefit Support Services	<input type="checkbox"/>
Other.....			<input type="checkbox"/>

**Client name:** \_\_\_\_\_ **Client Signature:** \_\_\_\_\_

**Worker Name:** \_\_\_\_\_ **Worker signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you have any questions about how your information is used, more detail can be found in the welcome pack. You can also speak with your keyworker.

**1<sup>st</sup> Review Record Date:** \_\_\_\_\_

**Client name:** \_\_\_\_\_ **Client Signature:** \_\_\_\_\_

**Worker Name:** \_\_\_\_\_ **Worker signature:** \_\_\_\_\_

