

TORBAY DRUG & ALCOHOL SERVICES**INFORMATION SHARING****CLIENT CONSENT FORM****Anonymous Information**

All staff that handle your data have a common law duty of confidentiality and are required, by law, to abide by the terms of the data protection act 1998.

We are required to keep and provide some statistics to help in the planning and delivery of Drug & Alcohol Services. We collect information to allow us to do this. In providing this information to others we make sure that it does not identify you personally. All information that is shared for this purpose is completely anonymous.

Information that Identifies You

We ask you for personal information about yourself to help us to provide you with the proper support and treatment that you need. We keep this information, together with the details of your treatment, because it may be needed if we see you again at some point in the future.

We only ever use or pass on information about you if there is a genuine need to do so. We are committed to sharing only that information that is necessary to allow you to receive suitable support from ourselves and from others including your GP. Law strictly controls the sharing of some types of information and we require your consent in order to allow us to share information. Under exceptional circumstances it may be necessary for us to share information with others without your consent. These exceptional circumstances will be explained to you.

You have the right to apply for access to any records kept about your health and social care by writing to any of the service providers you are engaged with, after which they will undertake the appropriate searches for your records.

National Drug Treatment Monitoring System (NDTMS)

NDTMS is the national system for storing drug and alcohol treatment data. We never pass on your full name and address to the National Drug Treatment Monitoring System (NDTMS) or Public Health England (PHE). PHE is an Executive Agency of the Department of Health. The functions of the National Treatment Agency were transferred to PHE on 01/04/2013. The information is passed monthly to NDTMS teams working in regional PHE offices.

However, some details are sent out (e.g. your initials, date of birth, gender and part postcode) to make sure you do not get counted twice.

We share some information about you with the NDTMS. This is the database used to collect information on drug and alcohol treatment provision.

Locally we use an electronic case management system called HALO to record this information. This has been externally tested and meets the security level required by the NHS.

Care is taken at the NDTMS regional centres and Public Health England to ensure that data cannot be accessed unless it is for a clearly authorised purpose. The law strictly controls the sharing of very sensitive personal information. Anyone who receives information from the database is under a legal duty to keep it confidential.

Any information published by the DoH, or Public Health England is always in the terms of total numbers of people. Any research that would involve the use of data would be closely scrutinised by the NDTMS Regional Centre and/or PHE. Where appropriate, research proposals would also have to

obtain ethical approval.

Data is matched from the NDTMS with other government datasets to produce statistics which help evaluate the success of treatment programmes. All data matching is conducted by Public Health England, and at no point is any identifiable information about clients passed onto other government departments. Data-sets that are used in this way include (but are not necessarily limited to)

- Drug Intervention Programme,
- Police National Computer,
- Department of Work and Pensions,
- Other routine health data-sets (e.g. Hospital Episode Statistics).

Under no circumstances is potentially identifiable data made public or provided to other government departments. Data is not placed on any register of addicts – no central register exists.

Some information from the NDTMS is sent by PHE to other government departments, so that they can monitor the progress of the national drug and alcohol strategies. However, by the time the NTA (or PHE after 01/04/13) reports from the NDTMS to other government departments it is always in the form of total numbers of people and there is nothing in the information that could be used to identify you. The NTA (or PHE after 01/04/13) does not pass any identifiable information held on the NDTMS to the police or criminal justice agencies. Your information is held on the NDTMS for at least 8 years. Data from the NDTMS is not placed on any register of addicts – no central register exists.

Your information is very useful for helping to plan and develop services that can best meet your needs. However, if you do not want information about you to be passed on, you have a right to say this.

If you wish to know more about the NDTMS (including why information is needed for the NDTMS, how information is handled within the NDTMS and/ or the type of information collected for the NDTMS and the time it is retained) please ask your key worker.

CLIENT ID NO: For office use only

CONSENT

I wish to access drug/alcohol treatment through (*print service name*)..... and I have been made aware that information will be routinely shared between treatment services in Torbay and I am aware that I must give my consent for my personal details to be shared between the staff of the services and other services that contribute to my treatment. Consent may be withdrawn at any time. You are not able to refuse consent for your case notes to be shared with the Care Quality Commission, if they request us to do so.

I, (*print name*)have been given the Client Consent form.

Signed (by client) _____ Date -----/-----/-----

Name and contact details of agency/third party	What information is to be shared with agency/third party (document all levels that apply)	Signature of Client	Date	Time
1. National Drug Treatment Monitoring System (PHE from 01/04/13) and DAAT commissioners (Local Authority from 01/04/13)	Anonymised information for statistical monitoring and planning purposes only			
2. Drug and /or alcohol Treatment Services in Torbay; Torbay and Southern Devon Health and Care NHS Trust Devon Partnership NHS Trust Jatis Project	Full case notes and contact information			
3. High Intensity Psychosocial Services (if required)	Personal details and clinical reasons for referral			
4. GP				
5.				
6.				
7.				
Continued overleaf				

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8.				
9.				
10.				
11.				
12.				
13.				

<p>Signed (by keyworker) _____ Date -----/-----/-----</p> <p>Time.....</p>				
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Level 1	Appointment related information only		
Level 2	All information on a needs to know basis		
NON CONSENT			
<p>I understand that I have the right to request that information about me is not shared with others. I wish to exercise this right. In doing so I understand and accept that this will mean that I will not have access to the full range of services available to me and this will likely reduce the effectiveness of my treatment.</p> <p>I, (<i>print name</i>)do not want any information about me shared with the following services:</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>Signed _____ Date -----/-----/----- Time.....</p>			

☐ A copy of the Client Consent Form has been given to the client.

AUDIT AND REVIEW CONSENT FORM

Substance Misuse services in Torbay need to ensure that the highest standards of treatment are provided and we determine this by audits and reviews that are undertaken by people who are independent of Drug & Alcohol Services in Torbay to make sure everything is impartial. In order to investigate how best we provide drug treatment it may be necessary for these people to look at service users individual records. If this occurs, the information will be anonymised or summarised when recording the results so that no individual can be identified in any way.

All independent reviews have a duty to make sure that no information about an individual service user is passed on. Any reviewer must honour Service User confidentiality.

The value of an independent review is that it can greatly improve our understanding of the services that we provide and how to make them more effective for service users.

If I refuse my consent a member of staff from my agency will gather anonymised data from my notes and will pass on to the Audit lead.

CONSENT

I understand that I have the right to refuse for my records to be used for Torbay Drug & Alcohol Services independent audit / review purposes. I am, however, willing to consent to my records being used if required for Torbay Drug & Alcohol Services audit / review purposes. I may withdraw my consent at any time.

I, (print name)_____ give permission for my records to be used for Torbay Drug & Alcohol Services audit / review purposes

Signed _____ Date -----/-----/----- Time.....

NON CONSENT

I understand that I have the right to refuse for my records to be used for Torbay Drug & Alcohol Services independent audit / review purposes. I wish to exercise this right.

I, (print name)_____ do not give permission for my records to be used for Torbay Drug & Alcohol Services audit / review purposes.

Signed _____ Date -----/-----/----- Time.....

6 MONTH FOLLOW UP

Substance Misuse services in Torbay will routinely follow up clients approximately 6 months after they have been discharged from treatment unless you choose to refuse consent to be contacted. Services will contact clients to ensure there are no new emerging needs or requirement for treatment services.

CONSENT

I understand that I have the right to refuse to be contacted once i have been discharged for treatment services. I am, however, willing to consent to being contacted once I have been discharged. I may withdraw my consent at any time.

I, (print name) _____ give permission for my records to be used for
Torbay Drug & Alcohol Services audit / review purposes

Signed _____ Date -----/-----/----- Time.....

NON CONSENT

I understand that I have the right to refuse to be contacted once I have been discharged. I wish to exercise this right.

I, (print name) _____ do not give permission to be contacted once I have
been discharged.

Signed _____ Date -----/-----/----- Time.....