

The Treatment Network Limited

Consent to Release of Personal Information

The Treatment Network Limited has been instructed by [Referring Party] to provide psychological treatment for you. In order for your treatment to progress and to ensure we act in accordance with data protection legislation we require your written consent to obtain and process your personal information. This may include special categories of personal data (such as your medical records and treatment notes).

Why we are collecting your personal information

The Treatment Network needs to obtain and process your personal information, including special categories of personal data in order to provide you with appropriate injury management services. This personal information will be treated as confidential in accordance with our policies and procedures and will not be used, without your prior written consent, for any purpose other than the provision of these services.

Who we may share your information with

We may need to disclose your personal information with or obtain information from other parties including:

- your doctor (GP) or consultant;
- any hospital where you have been treated;
- any other health professionals involved with the provision of treatment to you;
- your legal representatives;
- insurers and/or their appointed representatives; and

If we are concerned for your safety or identify any risk to yourself or others at any time during your treatment, we may contact your GP or other relevant services as we would have a duty of care to do so. Where possible the reasons for this would be discussed with you but this may not always be possible.

Medical information and health records either obtained from medical/treatment providers and/or created during your rehabilitation will be kept confidential but may be disclosed, on a strictly confidential basis, to:

- those involved with your treatment,
- your legal representatives, and
- insurers and/or their appointed representatives, who may agree to meet your treatment expenses.

By signing this consent form you expressly authorise these parties to discuss and release your personal information to The Treatment Network as required by The Treatment Network. You also expressly authorise The Treatment Network to discuss your case and share information with these parties for the purpose of managing your stated injury or illness.

The personal information processed will only relate to your injury, illness, treatment, workplace and ability to return to work as appropriate. If personal information held by us is requested by any other party other than those listed above then additional prior written consent will be requested from you prior to release.

Before signing this consent form please note the following:

Your consent is voluntary but is necessary for us to provide the required services. Without your consent we may not be able to provide the full treatment required.

You may withdraw your consent at any time by writing to The Treatment Network at dpa@thetreatmentnetwork.co.uk.

You have a right to receive copies of any formal reports prepared in relation to your injury management.

We will protect your personal information in accordance with relevant data protection legislation and our policies and procedures. Our privacy policy can be accessed via this link: <https://www.thetreatmentnetwork.co.uk/policies/privacy-notice>.

You agree that a copy of this consent will be as valid as the original. Unless withdrawn, this consent is valid for the duration of your rehabilitation and injury management, and will be renewed periodically depending on the length of your injury management.

By signing this consent I confirm that I have read, understand and accept its' terms as detailed and authorise the obtaining and processing of my personal information, including special categories of personal data in accordance with its' terms.