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|  | **Chief Officer**  Susanne Millar  MA(Hons) CQSW | [NHS Greater Glasgow and Clyde](http://www.nhsggc.org.uk/) |

**Glasgow Psychological Trauma Service - Patient Consent Form (General)**

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| **Name:** |  |
| **CHI:** |  |
| **DoB:** |  |

1. **Sharing Information**

* Glasgow Psychological Trauma Service (GPTS) is part of wider NHS health services. This means that information about you may be shared regularly with other people within your NHS care team. This is to ensure the highest standard of care. This may include sharing information with:
  + The person who referred you to the service
  + Your GP and community mental health services where appropriate
  + Anyone else involved in your health care
* At times we might share information with other organisations but only after you have specifically told us we can
* Information about you will be stored in an NHS electronic file. This can only be accessed by health professionals involved in your care.
* GPTS Therapists receive supervision from an experienced colleague to discuss their work with you. This is to ensure the best care is provided.
* We also evaluate whether our service is helping people. We may ask you to complete questionnaires to help us understand the difficulties that you are experiencing. This will usually be at the start and end of treatment.
* Sometimes we may want to use your anonymous data for research purposes. We would always ask for your permission to do this.
* As a specialist service we regularly have people who are training in their profession. People who are training are delivering treatment under close supervision.
* At times the content of clinical sessions may be recorded. You would be made aware of this and you are able to withdraw your consent for this to happen.

1. **Accessing Information**

GPTS therapists may need to access information held about you in electronic health records, such as information about ongoing treatments by the NHS and past interventions you received. This is to ensure we provide the best level of care we can.

1. **Confidentiality**

The information held about you by NHS teams is confidential. You have a right to tell your therapist if you do not want your personal health information to be shared in a particular way or with specific people. There are some exceptions to this, and therapists have a duty to pass on your information under the following circumstances, even if you do not give permission:

* Any information that suggests there is a risk of significant harm to self or to others
* Any information that suggests there is a cause for concern regarding vulnerable adults or children, under the Children (Scotland) Act 1995
* Any information about previous serious offences for which you have not been charged (to the relevant authorities)

1. **Right to Refuse Treatment**

It is your decision if you would like to work with Glasgow Psychological Trauma Service. The treatment we provide is not mandatory. You can change your mind about working with us at any time.

I have read and understood the information shown above.

Signed: ...................................................... Date:.................................

Verbal consent given

when working remotely……………………… Date:.................................

Countersigned

by GPTS Therapist: ................................... Date:.................................

**Clinical Psychology Interventions Service - Patient Disclosure Consent Form**

1. **Sharing information with SPS**

We want to make sure you receive the best care. We also want to make sure that others involved in your care have a greater understanding of how to support you. This means that it can be helpful to share information about your care with professionals in the Scottish Prison Service including:

* Personal Officers
* Programmes staff
* Social workers
* CMB or ICM teams
* Throughcare staff

Signing this form means that you:

1. give your consent to information being shared (as may be considered appropriate) by the psychology staff you work with during your contact with psychology;
2. understand that you can withdraw your consent at any time

Signed:.......................................... Date:................................

Countersigned

by Psychology staff:...................................... Date: .....................