Response/Mind Mental Health & Supported Housing Referral Form Consent Form

Introduction
We are committed to protecting your privacy and ensuring that any personal information you provide is handled with the utmost care. This consent form outlines how your information will be used and shared as part of the referral process.

Purpose of Referral
The information you provide will be used to process your referral to the appropriate services. This may include sharing your details with relevant professionals or organisations to facilitate the support you require.

Information to Be Shared
The following information may be shared as part of the referral process:

- Personal identification details (e.g., name, contact information)
- Medical or health-related information
- Any other relevant information necessary for the referral

Use of Information
Your information will be used solely for the purpose of processing your referral and providing the necessary support. It will not be used for any other purposes without your explicit consent.

Confidentiality
All information shared will be treated confidentially and in accordance with applicable data protection laws. Only authorised personnel will have access to your information.

Voluntary Participation
Providing your information is voluntary. You have the right to refuse to share your information or to withdraw your consent at any time without affecting your access to services.

Right to Withdraw Consent

You may withdraw your consent at any time by contacting us at [Insert Contact Information]. Upon withdrawal, we will cease sharing your information, except where retention is required by law.

Acknowledgment and Consent

By signing below, you acknowledge that you have read and understood this consent form and agree to the sharing of your information as outlined above.

Signature: _____

Date: _____

Name (Printed): _____