A picture containing drawing

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**RIAC CLIENT CONSENT FORM**

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **consent to a file being opened in my name in relation to my current issue(s), and consent to:**

1. A file being opened in my name and destroyed after 7 years.
2. My information being provided to our funding bodies, but this information will not identify my name, phone number or full address.
3. RIAC **only** giving out my personal information if:
   1. I consent to share this information and sign an authority to enquire and release information form.
   2. I am at risk to myself or others, or if required by law.
4. My image being taken and used in the RIAC website, social media and marketing material(s)  Yes  No

**I understand, and it has been explained to me (or given to me in a Welcome Pack):**

How to make a complaint about RIAC

That I can withdraw my consent by contacting RIAC at any time

That this consent form will end after my file is closed.

My Rights and Responsibilities.

My Right to Privacy and Confidentiality

The RIAC Code of Conduct

|  |  |  |
| --- | --- | --- |
| Client name: | Sign: | Date: |
| Staff Name: | Sign: | Date: |

**STAFF ONLY:** If unable to sign, staff to complete the following: I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have spoken with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_and believe that they understand, agree to, and wish to sign this consent form, but are unable to do so at this time.

I have recorded a case note on this date explaining this .