

**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 [ ] .