

OBTAINING INFORMED CONSENT DECLARATION FORM

Students Name

Course

DECLARATION BY STUDENT

In order to comply with the requirements of the Access to Health Records Act (1990) and the Data Protection Act (1984), I confirm I have discussed the following with the patient/client* and/or the patient's/client's* representative, e.g. parent/guardian, next of kin, carers, colleagues/staff and have obtained permission to use personal relevant data;

* Delete as appropriate

1. The nature of the assessment.
2. The reason I wish to use data relating to the patient/client.
3. That client/patient, carers, colleagues/staff anonymity and confidentiality in relation to any material gathered or produced in the course of this work will be maintained e.g.;
 - a for all persons mentioned pseudonyms and/or general titles will be used, not individual names;
 - b the patient/client address and any information which could identify their address will be omitted;
 - c general terms will be used to describe occupation/workplace/school/ hobbies etc;
 - d time, date and location of admission will be omitted;
 - e information which may identify the patient/client/relatives/carer and colleagues/staff will be omitted from documentation e.g. care plans, pathways of care, risk assessments etc.
4. Those who will have access to the work in addition to myself e.g. typist, teaching staff, other students, Board of Examiners.