

## **Form C- Authority for Release of Healthcare/medical Information**

I, \_\_\_\_\_ hereby give my informed consent for a copy of my healthcare/medical information to be released to the Home Office.

I confirm that I have had explained to me and fully understand that this (ie the purpose for this information sharing) is in conjunction with my immigration matters and may be shared with other agencies (from the list below) as deemed necessary by the Home Office after I sign this form.

I understand that the information I have allowed to be released to the Home Office will be treated in confidence but may be disclosed to other government departments, agencies, foreign governments and other bodies for immigration purposes.

Details:

I confirm that I have had explained to me the reason why my information may be shared.

Details:

I confirm that I have had explained to me how this information will be stored/secured and how it will be disposed of when it is no longer necessary for the above purpose/purposes.

Details:

I am aware that I reserve the right to withdraw my consent at any time; and I can do this by notifying the Healthcare team myself

Signature:

Name:

Date:

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For personnel obtaining consent:

I have explained to the detainee and checked their understanding of what this information will be used for - **Yes**

I have explained to the detainee and checked their understanding about how this information will be stored/secured and how it will be disposed of when it is no longer necessary for the above purpose/purposes - **Yes**

I have explained to the detainee and checked that they understand who will have access to this information - **Yes**

This has been done by using a language translation service or a language understood by the detainee - **Yes/No**

Details of this .....

Person seeking consent-name and signature:

Organisation:

Contact number:

Date: