

Information Sharing without Consent Form

Client Information

Date _____

Name/address of Client:
Names and D.O.B. of children:

Concern

Risk identified through risk assessment
Immediate risk/crisis
Child(ren) at risk/Danger to child(ren)
Danger to client
Client poses a risk to self or others

Check that consent form does not cover this situation and/or you do not have consent.

Risk Assessment _____ (No. of ticks out of 24)
(You may not have the opportunity to complete a formal Risk Indicator Checklist in an emergency. If you have, please attach it.)

Details of incident/information causing concern: (include source of information)

Legal Authority to share

- Protocol relevant** _____
- OR**
- Legal grounds** (please tick 1 or more grounds below)
- Prevention and detection of crime (Crime and Disorder Act 1998)
- Prevention/detection or crime and/or apprehension or prosecution of offenders (DPA, s. 29)
- To protect vital interests of the data subject; serious harm or matter of life or death (DPA, Sch. 2 & 3)
- For the administration of justice (usually bringing perpetrators to justice (DPA, Sch. 2 & 3)
- For the exercise of functions conferred on any person by or under any enactment (police/social services) (DPA, Sch. 2 & 3)
- In accordance with a court order
- Overriding public interest (Common law)
- Child protection – disclosure to social services or police for the exercise of functions under the Children Act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential (DPA, Sch. 2 & 3)

- Right to life (Human Rights Act, Art. 2 & 3)
- Right to be free from torture or inhuman or degrading treatment (Human Rights Act, Art. 2 & 3)
- Pressing need
- Respective risks to those affected
- Risk of not disclosing
- Interest of other agency/person in receiving it
- Public interest in disclosure
- Human rights
- Duty of confidentiality

Comments:

Internal consultations: (Names, dates and advice/decisions)

External consultations: (Home Office guidance, Information-sharing Helpline)

Client notified of disclosure(s)? Yes/No
If not, why not?

Date:

Date for review of this situation: _____
(Review to include feedback from the agencies informed as to their response.)

_____ is responsible for ensuring the
situation is reviewed by this date.

Record following details of information sharing in case file:

- **Date info shared**
- **Agency and named person informed**
- **Method of contact (by email, letter, phone call)**
- **Legal authority for each agency**

Signed and dated by caseworker

Authorised and dated by manager