

ARCH HEALTHCARE - SUPPORT WORKER CONSENT

If you have a support worker you may wish for us to be able to give them details about your medical record and your care in order for them to be able to better support you. We will never do this without a signed consent form from either Arch Healthcare or the organisation in question and information will always be shared securely. You can sign the form below if you would like an engagement worker or someone else to be able to access your medical information on your behalf.

Support Worker Name	
Organisation	
Phone Number	
Email	

- ☐ I agree that the named person/organisation above can access my medical information
- ☐ I understand that this consent will last for 2 years unless I inform Arch Healthcare that I would like to withdraw consent

Patient Name	
Date	
Signature	