CST Access to Medical Records Consent Form

(to support my child's hearing and / or vision impairment)

New Referral or Updating Records? *	- Select one -	Date *	
First name of child / young person *		Address of child / young person *	
Middle name			
Surname *		Post Code *	
Name the child / young person is known by		Borough of Residence *	- Select one -
Date of birth (dd/mm/yyyy) *		Name of parent / carer *	
NHS No.		Relationship to child / young person *	

Hospital(s)

1) Hospital	- Select one -	1) Department	- Select one -
If 'Other', please specify		If 'Other Department', please specify	
		Hospital Number (Reference)	
2) Hospital	- Select one -	2) Department	- Select one -
If 'Other', please specify		If 'Other Department', please specify	
		Hospital Number (Reference)	
3) Hospital	- Select one -	3) Department	- Select one -
If 'Other', please specify		If 'Other Department', please specify	
		Hospital Number (Reference)	
4) Hospital	- Select one -	4) Department	- Select one -
If 'Other', please specify		If 'Other Department', please specify	
		Hospital Number (Reference)	
5) Hospital	- Select one -	5) Department	- Select one -
If 'Other', please specify		If 'Other Department', please specify	
		Hospital Number (Reference)	
6) Hospital	- Select one -	6) Department	- Select one -
If 'Other', please specify		If 'Other Department', please specify	
		Hospital Number (Reference)	

Optician

Name		Telephone no.	
Address			

Parental / Carer Consent

I agree to the Children's Sensory Team having access to my child's clinical records in relation to their vision and/or hearing even if they are not from the hospitals named above.

I agree to the Children's Sensory Team having access to my child's clinical records from the hospitals named above.

Please check the box to confirm that the parents have consented to this information and agree with the statements above. * ☐

General Data Protection Regulation

In accordance with the General Data Protection Regulation (2018), the London Borough of Harrow will use the data gathered through this referral solely for the purpose of assessing the named child or young person in order to meet their sensory needs. The information will be shared with partner agencies in order to make appropriate provision to meet the child or young person's identified needs.

In some cases, the London Borough of Harrow may use the information for other purposes if it has a legal duty to do so, to provide a complete service to the child or young person, to prevent and detect fraud or if there is a risk of serious harm or a threat to life.

The London Borough of Harrow may also use and disclose information, that does not identify individuals, for research and strategic development purposes. Please see the further information on Harrow Councils' Local Offer, Privacy Notice for the Children's Sensory Team.

To find out more about the way we handle your data please visit http://www.harrow.gov.uk/privacy

What To Do Now

1) Save this form. **(Educational Settings / Health Settings: Please ensure you apply a suitably complex password to the document or send via Egress.)**

2) Email this form to the recipients below:
(You can copy and paste the email addresses all together)

Helen.Forbes-Low@harrow.gov.uk
Mandy.Devine@harrow.gov.uk
CSTBusinessSupport@harrow.gov.uk

3) Add 'CST Medical Consent Form' in the subject heading of the email.

4) Attach the form and any relevant medical reports / documents with the email.

If you have not completed a 'CST Referral and Consent Form', please ensure that you attach it with this form.

Thank you.