

Debt and Mental Health Evidence Form

(advice version 2)

Personal Consent to share information



Agency ref:

Date:

Contact details: client

To:



Mob:

Fax:

Email:

We are an advice agency working on your behalf. Our details are:

Agency name:

Adviser's name:



Fax:

Email:

1. What you've already told us

You've told us:

- about your debts
- and your mental health problems.

You've asked us to:

- tell the organisations you owe money to about your mental health problems, and to explain how these affect your ability to repay the debt.

2. What we need to do next

To help, we need your written consent to:

- collect information about your mental health from a health or social care professional who knows you
- present this information to the people you owe money to
- negotiate with these people, and use this information to reach an acceptable solution.

3. What you need to do now

First

Please read the information on the next two pages. This will explain how we will collect, share and store information about you.

Second

If you don't understand anything, please ask us any questions you have.

Fourth

Please take a copy of the form for your records.

Third

If you want to give consent, please complete and sign the form on page 4.

Fifth

Please return the form in the envelope provided.

Please read this information carefully

Q: What information will be collected?

- First, your adviser will ask you to nominate a health or social care professional to provide the information.
- This professional will then be contacted. They will be asked 8 questions about your mental health, and how it may affect your ability to repay your debts.
- If you want further information, ask your adviser for a copy of the Debt and Mental Health Evidence Form, or visit www.rcpsych.ac.uk/debt

Q: How will the information be used?

- We will use the information to understand your situation better.
- When we make contact with the people you owe money to, we will show the information to them. We will do this for two reasons:
 - improve their understanding of your situation
 - to request that your situation is taken fully into account when they make decisions about what action to take.

Q: Who will see the information?

- We will see the information provided by the health and social care professional.
- In most situations, you will be able to see the information (see below).
- The people you owe money to will see the information.
- The people you owe money to may share the information with their 'agents'. Agents are companies that are employed by creditors to collect debts.

Q: Can I see the information?

- In most situations, the answer is 'yes'.
 - in most cases, the professional will automatically send you a copy of the completed form
 - when you receive the form, please read it carefully
 - you have 21 days to make an optional statement about the information in the form
 - the 21 day period starts from the date on which the health or social care professional signed page 5 of the completed Debt and Mental Health Evidence Form
 - if you do make a statement, please sign the form, and then return it to your adviser.
- In a small number of situations, the answer may be 'no':
 - if the professional feels that seeing the information could cause serious physical or mental harm to you or others.

Notes

These 8 questions are:

- whether a person has a mental health problem
- whether (and how) that mental health problem currently affects that person's ability to deal with money, and the name of that mental health problem
- the approximate date of the first onset of the mental health problem, the first treatment given for this, and the most recent episode of the mental health problem
- if the person is receiving treatment or support for the mental health problem, whether (and how) this affects their ability to manage money
- whether there are other relevant impacts/effects that the person may experience in everyday life due to their mental health problem
- whether the person experiences any difficulties in communication due to their mental health problem, and if so what are these
- whether information provided by the professional can be shared with the person it is about
- the health or social care professional's contact details.

Please read this information carefully

Q: How will the information be stored?

- The law requires that any personal information held about you is securely stored.
- The law requires this information is also destroyed when no longer relevant.
- The law requires that any information held about you is accurate, up-to-date, and relevant.
- The main law about this is called the Data Protection Act.

Q: Can the information be used in the future to make decisions about my applications for credit?

- This answer to this question only applies to creditors with whom you shared information about your mental health.
- The answer to this question depends on whether the information you gave the creditor could still reasonably be considered as being:
 - up-to-date
 - an accurate description of your current situation
 - relevant to the decision that is being made.
- All creditors should be aware that mental health problems can fluctuate over time. They should also know that people can recover from periods of poor mental health.
- Therefore if your circumstances change, you are entitled to instruct the creditor to change the information they hold, OR to securely destroy this information.
- To do this, you should:
 - instruct the creditor that they need to take action (the preferred method is by a letter sent via the post or email)
 - tell them what action to take (which information needs revision, or should be securely destroyed)
 - keep a copy of the letter and any correspondence from the creditor
 - For further information on how to do this, please visit: www.ico.gov.uk/what_we_cover/data_protection/your_rights.aspx

Any further questions?

Please contact us if anything is not clear, needs explaining, or isn't covered.

Have you decided to give consent to share information? If so please complete the form below.

Your details

Tick here if your details on the front page of this form are already correct. If any details aren't correct, please provide any corrections below.

Your name:

Your address:

Your telephone number:

Your mobile number:

Your email:

Your consent – please sign

Authorisation to health or social care professional:

I authorise you to provide information about my health to the advice agency named on this form.

I authorise the advice agency named on this form to store information about me on the basis that (a) this information will be securely stored and (b) will be destroyed when it is no longer relevant.

I authorise the advice agency sending this form to share information about my health with relevant creditors (including their agents) to improve their understanding of my health situation.

Signature:

Date:

Once you have signed the form, please return it in the envelope provided.