

Consent form

Adviser: case work version

to use with the Debt and Mental Health Evidence Form (Version 3)

Why have I been given this form?

We have given you this form because you:

- told us that you have a mental health problem; and
- said this mental health problem makes it difficult to repay your debt.

We have suggested that:

- medical evidence is collected about your mental health situation; and
- this is collected from a health or social-care professional who knows you (you can choose the professional).

The medical evidence will be used:

- by the company that you owe money to; and
- to help them decide what to do about your debt.

What should I do with this form?

You should:

- 1 read this form** – it contains important information;
- 2 sign this form** – if you agree that evidence can be collected; and
- 3 follow the instructions** on what to do next.

If someone else looks after your money matters, they can sign this form for you.
(They will need to prove they are legally allowed to sign for you.)

Read me: important information

What medical evidence will be collected about me?

- Once you choose a health or social-care professional, they will be asked:
 - if you have a mental health problem that affects your ability to manage your money; and
 - whether you have any other circumstances that need taking into account, and for details of the history of your mental health problem.
- The full set of questions are listed in the Debt and Mental Health Evidence Form.

Who will collect this evidence?

- Your debt adviser will collect this evidence for you.

How long will my evidence be kept for?

- The Data Protection Act (1998) says it can be kept for as long as it is:
 - an accurate description of your situation;
 - relevant for the type of decisions that need to be made; and
 - up to date.
- If your information isn't accurate, relevant, or up to date, it should be destroyed.



Sign below if you agree that evidence can be collected

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A Are you the person with mental health problems?

If yes, please write your contact details below.

BOX A

Name:

Address:

Phone:

B Are you filling in this form for someone else?

If yes, please write their details in Box A and your details in Box B below.

BOX B

Name:

Address:

Phone:

Please attach to this form a photocopy of your authority to act on this person's behalf.

C Please sign this form. Only sign this form if you agree that medical evidence can be collected.

I agree that a health or social-care professional can fill in the Debt and Mental Health Evidence Form about the mental health of the person named in box A (above).

Signature:

Print name:

Date:

Follow the instructions below

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Decide which health or social-care professional you want us to contact for evidence. Your debt adviser will approach this person for you.

Then follow these steps:

Please return this form to your debt adviser. They will explain what will happen next.

Name of professional:

Address:

Phone:

This is **your** choice. You can suggest a nurse, general practitioner (GP), psychologist, social worker, psychiatrist, occupational therapist, or another qualified worker.



The DMHEF Consent Form was developed by the Royal College of Psychiatrists and the Money Advice Liaison Group. It has been approved by The Information Commissioner's Office as keeping to the Data Protection Act 1998. For more information, please visit www.rcpsych.ac.uk/debt or www.malg.org.uk

