



**CONSENT TO DISCLOSURE OF PERSONAL INFORMATION**

The Data Protection Act 2018 imposes strict rules on releasing your details to anyone. In order to assist you, your health care representative will need to provide some of your details to Perth and Kinross Council.

I (NAME) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

CONSENT TO (HOSPITAL NAME) \_\_\_\_\_

PROVIDING PERTH & KINROSS COUNCIL WITH PERSONAL INFORMATION AS REQUESTED BELOW: Please tick

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hospital Details**

Name of Hospital \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Transfer to Care Home (if applicable): \_\_\_\_\_

Name and Address of Care Home: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

Please note that this declaration should only be completed by a medical practitioner or an authorised official who can verify that the Applicant is or has been admitted to the hospital and not able to return to their home.

I declare that the above particulars are true and accurate, and that the Applicant has been admitted to the hospital and is unable to return home.

Print Name Hospital Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed this form should be returned to Local Taxes (Housing & Community Care), Perth and Kinross Council, PO Box 7300, Perth, PH1 5WH. Alternatively it can be emailed to [localtaxes@pkc.gov.uk](mailto:localtaxes@pkc.gov.uk)