



## CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

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

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

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

CONSENT TO THE HOSPITAL BELOW PROVIDING PERTH & KINROSS COUNCIL WITH  
PERSONAL INFORMATION AS REQUESTED BELOW : Please tick

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

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

Date of Discharge: \_\_\_\_\_

Detained/Sectioned under the Mental Health Act YES/NO

If Yes: Date/Period Detained \_\_\_\_\_

\_\_\_\_\_

## DECLARATION

**Please note that this declaration should only be completed by a medical practitioner or an authorised officer of the Board who can verify that the Applicant is detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995.**

I declare that the above particulars are true and accurate, and that the Applicant is detained Under Parts 5,6 and 7 or Sections 136 or 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003 or Sections 52D or 52M of the Criminal Procedure (Scotland) Act 1995.

Print Name of Representative Assisting You: \_\_\_\_\_

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

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)