

**North of England  
Commissioning Support Unit**

**Patient Information Explicit Consent Form**

Patient NHS Number.....

Patient Date of Birth.....

Funding Reference Number (if known).....

***To be completed for every Individual Funding Request (IFR) Referral***

I confirm that for the purposes for processing this Individual Funding Request I have discussed with the patient the following questions:

- The patient understands that relevant (what is relevant will be decided by the referring clinician) health records may be shared with members of the IFR team within the North of England Commissioning Support Unit which processes requests on behalf of the Clinical Commissioning Group.
- The patient understands that sharing their relevant health information is necessary for the purpose of processing this request.
- The patient understands that their relevant health information will not be used for any purpose other than for processing this IFR request
- The patient understands that their relevant health information will be shared on a strict “need to know” basis and will not be shared with any person other than those involved in processing this request.
- The patient understands that their information will be held for no longer than is necessary for the purposes of processing this IFR request
- The patient understands that their data will be held securely and will be destroyed under confidential conditions once it has served its purpose
- The patient understands that they have the right to withdraw their consent at any time.

**Patient consent obtained on behalf of the patient by:**

**PRINT NAME**.....

**SIGNATURE**.....

**DATE**.....