



**Cambridgeshire and  
Peterborough**  
NHS Foundation Trust



**Cambridgeshire and  
Peterborough**  
Clinical Commissioning Group

### ***IAPT Information Sharing Consent Form***

The Community Counselling Service is part of the NHS Cambridgeshire and Peterborough Clinical Commissioning Group's Improving Access to Psychological Therapies (IAPT) service.

#### *What does this mean for me?*

During treatment, you will be asked to complete questionnaires about how you feel, how much progress you are making towards achieving treatment goals, and how helpful you think the service has been. Your therapist will regularly check these with you to make sure they are helping the best they can.

#### *Our request:*

We are asking your permission to use answers to these questionnaires, along with information about the care you receive, to collect information about the quality and effectiveness of the services in comparison to other areas of the country. This is nationally mandated.

#### *By signing this consent form you are agreeing that:*

Your personal details and questionnaire responses will be held securely by Cambridgeshire and Peterborough NHS Foundation Trust on their Primary Care Management Information System (PC-MIS). This is a secure data storage system which inputs into anonymous national analysis.

All the information will be handled securely so only a limited number of authorised people can see it. Any identifying information, such as your name, address, date of birth and NHS number will be removed after the forms have been collated and will not be seen by people analysing the information. No one involved in the handling or analysis of information will release your personal information unless required by law or where there is a clear overriding public interest. The paper forms will be securely destroyed in line with Records Management Code of Practice for Health and Social Care.

#### *Your participation is voluntary:*

I agree for my personal details and questionnaire responses to be held securely, on the understanding that all identifying information will be removed before analysis and before any publication.

Please indicate whether you agree by typing YES or NO in the box:

Please "sign" by typing your name:

\_\_\_\_\_

Date:

\_\_\_\_\_

Client ID No.