



CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

The Data Protection Act 1998 imposes strict rules on 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 MURRAY ROYAL HOSPITAL 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

