

DECLARATION OF CONSENT TO PSYCHIATRIC INTERVIEW, EXAMINATION AND PREPARATION OF REPORT

I understand that Dr Lesley Haines has been instructed to prepare a report for:

Referrer:

Reference:

I understand that that Dr Haines will not be carrying out any treatment.

I understand that Dr Haines will not be taking responsibility for my medical care unless it appears to her that it is urgently necessary to do so, in which case she will advise my General Practitioner or referrer.

Dr Haines may recommend treatment in the report and may advise that my General Practitioner is informed of the recommendation.

I consent to the interview, examination, psychometric assessment and preparation of the report which will include information of a personal nature but I am aware that, if there are questions I do not want to answer, I am not obliged to answer them.

I understand that if a relative, friend or other party provides information to Dr Haines, this may be incorporated in the report.

If it is necessary for Dr Haines to see my General Practice or other Medical Records, or copies, I agree to this and I confirm that she should have access to the complete records so she is able to assess which parts are relevant to my case.

The report will only be sent to those who have requested it and I understand that they may disclose it to others.

The report will be stored electronically. Other documentation will be retained until Dr Haines is notified that the case is finished. Information kept by Dr Haines will not be disclosed to anyone without the appropriate consent. The information given will be used for the purpose for which it was collected, specifically the preparation of a report, and as a basis for Dr Haines giving further written and / or oral evidence, should this be required of her.

_____ (Signature) _____ (Date)

_____ (Name) _____ (D.O.B.)