

Consent Form

Please, read and sign the following declaration

1. I authorise Harmonia Psychology Solutions to maintain and process my clinical records in compliance with the Data Protection Act.
2. I authorise Harmonia Psychology Solutions to release clinical information from this assessment to my General Practitioner and/or other medical specialists regarding the outcome of my case if necessary.

I understand that if I tick no, then my treatment will not be affected in any way.

Y N

1. I understand that Harmonia Psychology Solutions does not provide an emergency service.

If you need to speak to someone urgently, the following are some useful numbers that you can contact:

NHS Direct: 111

The Samaritans: 08457 90 90 90

The Emergency Services: 999 / 911 / 123

Your General Practitioner

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Your Signature: Date:

Full Name (in capitals):

Email: