



Poole Rights Organisation on Disability

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Protecting your Personal Information Data Protection Act 1998

This form explains the general principles that PRO Disability apply in order to reassure people who use our services. It also explains why in some circumstances it is not possible to guarantee absolute confidentiality. It is sometimes important that information is shared to assist in understanding a problem or working out a best

Looking after personal information:

Your personal information will always be treated in a confidential manner, with care and discretion. PRO Disability staffs are aware of the importance of treating sensitive and personal information with care. Information is shared only where absolutely necessary to assist in providing the best possible service. Information is only shared on a "need to know" basis.

Who we are likely to share information with:

- Appropriate staff within the relevant funding authority
- A supervisor or colleague
- Your next of kin

If we think you may not wish us to share the information, we would normally seek your permission.

Applying to see your personal information:

Write to us with your name and address giving information that would help us to find your records. We will usually make information available to you within 28 days of your written request, unless further information or agreement is required.

There is a £15 fee (by personal cheque) for admin purposes which must be sent with your request.

The information you will see includes:

- Information we hold about you on computer and paper records
- A list of others to whom it is disclosed
- How we received it

A description of the purposes for which we process your information.

There is some information that we do not have to show you:

- If it might lead to serious harm to your physical, mental or emotional health or of another person
- Certain sorts of legal information or advice

Information received from or about another person will not be shared without permission.

To see your information you may be invited to the office or we will visit you at home so that we can explain it to you in person.

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(To be completed by the service user and returned to PRO Disability.)

Sharing Information:

Please read the following statement and sign below if you agree:

I have received the PRO Disability "Protecting your Personal Information" form and had it's meaning explained to me.

Sign	
Name	
Date	

(To be completed by the service user and returned to PRO Disability.)