(My name)
(My name)
met withfrom
Choices on (date)
and explained this leaflet to me

- I agree Choices can keep information about me YES/NO
- I agree Choices can contact me YES/NO
- I agree that Choices can share information about me with the following people.....

Signed	

You can change your mind at any time by completing the form and returning the leaflet to us (we will give you a copy to keep) Or tell your advocate

### Useful contact details



# Choices Advocacy Your information Information



Making choice a reality Registered Charity No. 1063071

## Why we need information about you



We need to keep and share information about you in order to provide you with the right advocacy support



Most of the information will come from you and other people that support you



We need the information to:

Support you with making decisions and choices



Ensure your rights are upheld



Make sure that you and others are safe while using Speakeasy services



Plan, improve and report on our services

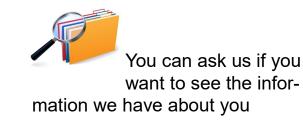
## What we do with your information

We will only share the information with others:

- If you say we can (or if you do not have capacity to give consent then we will make a best interests decision)
- In order to keep you or others ٠ safe
- To comply with a legal request from the Police or a Court



#### Your rights





You can ask us to change the information or add your views if you think it is wrong

We make sure that all your information is securely stored

You can tell us who you want us to share your information with, and you can change your mind at any time



We will regularly check with you that you still agree to us keeping and sharing your infor-



You can complain if you think there is a problem with how we hold or share your information by using the Choices complaints procedure

