

Protection-Related Data Sharing Example Consent Form

Instructions: This form should be adapted to the context and the specific type of service provided as appropriate to the individual and/or guardian. It can be used in conjunction with the Sample Consent Guidance and Script.

Guidance on when to use a consent form

Developing context-appropriate consent forms is a recommended good practice for all protection activities that require the processing of personal protection data. However, it is not *always* necessary or appropriate to use a consent form in the context of processing personal protection data. It is important to assess your context, including levels of literacy and the attitudes and perceptions of persons of concern, as well as the activity in question before deciding on the use of a consent form. As with any data processing activity, the benefits of using the form should outweigh the risks. Typically, consent forms are required where significant and sensitive personal protection data is collected, such as for GBV case management. In such activities, even where a person may be illiterate, it is possible to explain the content of the form in detail, and to ensure that the process of documenting the consent form is empowering for the individual.

Where it is decided that for a particular activity a consent form would not be appropriate, consent must still be sought and consent processes should still be agreed between UNHCR and the partner. Furthermore, consent should still be obtained verbally or through a clear affirmative action from the person of concern, and this consent should be documented by the person collecting the information.

CONFIDENTIAL Consent for Release of Information

Instructions for the Caseworker: This form should be read to the individual and/or guardian in their first language, and used in the context of [PROTECTION ACTIVITY]. It should be clearly explained to the individual that they can choose any or none of the options.

I, _____, give my permission for (**Name of Organization**) to share information about the report I have given to them as explained below:

I understand that in giving my authorization below, I am giving (**Name of Organization**) permission to share specific case information that includes identifiable information with the service provider(s) I have indicated, so that I can receive help with safety, health, psychosocial, legal needs, protection or other needs. I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request. I understand that releasing this information means that a person from the agency or service ticked below may contact me. At any point, I have the right to change my mind about sharing information with the designated agency / focal point listed below. I would like information released to the following referral:

(Specify referral org/agency name, facility and agency/organization as applicable)

(Specify ways you would like to be contacted – if at all):

Authorization (consent/assent) to be marked by individual <i>(and parent/guardian if individual is under 18)</i>	Yes	No
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I have been informed and understand that in giving my authorization below, I am giving (**Name of Organization**) permission to share the [LIST TYPE OF INFORMATION] from my case with the UNHCR, so that I could potentially receive additional protection and assistance services that are provided by UNHCR based on the information known to them [LIST OR PROVIDE EXAMPLES], if they are or should become available.

Authorization (consent/assent) to be marked by individual <i>(and parent/guardian if individual is under 18)</i>	Yes	No
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I have been informed and understand that some non-identifiable information may also be shared for reporting. Any information shared will not be specific to me or the incident. There will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect. I understand that I have a right to access this information and request removal of information from future report at any time.

Authorization (consent/assent) to be marked by individual <i>(and parent/guardian if individual is under 18)</i>	Yes	No
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I have been informed and understand that in giving my authorization below, I am giving (**Name of Organization**) permission to share my identifiable partially-redacted case file/key information from my case file with UNHCR for future reference and archiving/record keeping.

Authorization (consent/assent) to be marked by individual <i>(and parent/guardian if individual is under 18)</i>	Yes	No
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Signature/Thumbprint of individual: _____

Date: _____

INFORMATION FOR CASE MANAGEMENT
(OPTIONAL-DELETE IF NOT NECESSARY)

Individual/Child's Name:

Name of Caregiver (if individual is a child): _____

Contact Number: _____

Address: _____

(Write questions for Child/Individual Code Here – if used in your setting)