SINCLAIR-STRONG CONSULTANTS LTD
KENT & MEDWAY COMPLEX AUTISM SERVICE

NHS
Kent and Medway

ADULT AUTISM PATHWAY – PATIENT CONSENT FORM

Purpose of this Form:
This form seeks your consent to allow the Kent & Medway Integrated Care Board (ICB) and its commissioned service providers to discuss and, if necessary, transfer your referral/information to the most appropriate service within the commissioned adult autism care pathway. This ensures you receive timely and suitable care based on your individual needs.

The adult autism pathway is comprised of 4 pillars: Self-Management, Community Support, Specialist Support and Intensive Support. There are a number of different providers offering different services to enable people to maintain their wellbeing, to have a diagnostic assessment and to prevent the need for admission to hospital.

What This Means for You:
Your referral will be reviewed by a central triage team to determine the most appropriate service for your assessment or treatment. If another service or service provider is better suited to meet your needs, your referral may be securely transferred to them. All service providers involved are commissioned by the Kent & Medway ICB and meet the required standards for clinical care, data protection, and confidentiality. If you do not wish your referral information to be shared among the service providers in the care pathway **YOU MUST OPT OUT** by signing this form below.

Your Rights:
You have the right to ask questions about this process at any time. You may withdraw your consent at any point without affecting your right to access care. Your information will be handled in accordance with NHS data protection and confidentiality policies.

Consent Declaration:
I understand the purpose of this form and **DO NOT** give my consent for my referral to be discussed and/or transferred to the most appropriate provider within the Kent & Medway ICB commissioned adult autism pathway.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____