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IMHA REFERRAL FORM

Advent Advocacy takes its obligations under data protection law seriously (including the Data Protection Act 2018). We will treat all your personal data as strictly confidential. Personal details will not be shared with third parties, other than for the reasons listed below, unless we are legally obliged to do so:

- **With your explicit consent**
- **It is necessary for law enforcement purposes, or**
- **It is necessary to protect our rights, safety of our staff or property.**

Where **consent** is used as the legal basis for processing your personal data you have the right to withdraw consent to the data processing at any time. However, this will not affect the lawfulness of any processing carried out before you withdraw your consent or processing carried out using an alternative legal basis such as 'legal obligation'.

The Mental Health Act 1983 (revised 2014) makes provision for **Independent Mental Health Advocacy (IMHA)**, to be available to qualifying patients. The IMHA Service is an important safeguard that aims to support patients to understand and exercise their legal rights in relation to Mental Health Act care & treatment.

The IMHA Service is available to most detained patients as well as patients on supervised community treatment or guardianship.

PLEASE RETURN THE REFERRAL FORM:

RETURN BY EMAIL

admin@adventadvocacy.co.uk

RETURN BY POST TO:

Advent Advocacy Ltd
Lingfield House
Lingfield Point
Darlington
County Durham
DL1 1RW

TELEPHONE

If you require any further information, please contact us by means of any of the above or telephone the office on:
01325 776 554

IHMA Referral Information	
Qualifying Patient's Name	
Address	
Town / City	
Postcode	
Telephone Number	
Signed Verbal request and consent	Date

If this is not a self-referral please complete the following:		
Referrers Name		
Is this a self-referral?	Yes:	No:

If you are not the nearest relative please provide the following		
Job Title		
Organisation		
Unit / Ward / Team		
Contact number		
Email address		
Does the person being referred lack capacity to instruct an advocate?	Yes:	No:
Has the client consented to the referral to the IMHA Service?	Yes:	No:

Please provide the contact details of the Supervising Body funding the Qualifying Patient's placement

Please provide some details on the nature of the referral

Signature of referrer

Date