



**Three Chequers Medical Practice  
Information Sharing Consent Form for Non-NHS requests**

Name: ..... DOB: .....

Address: .....

Postcode: .....

Email: ..... Contact no: .....

MediData is an NHS Digital accredited company who have developed a digital system called eMR, who will create digital, GDPR compliant medical reports.

I hereby give my consent for Three Chequers Medical Practice to allow MediData access my medical records in order to process my request and generate the relevant report. I understand that Three Chequers Medical Practice may hold information gathered about me from the various agencies and as such my rights under the Data Protection Act will not be affected.

**Statement of Consent:**

- I agree to MediData accessing my medical information for the purpose of fulfilling my Non-NHS request.
- I consent to MediData having my contact information in order to send me the completed medical report.

I agree to the above statements in relation to my information being by MediData to create a medical report.

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time.** Should you have any questions about this process, or wish to withdraw your consent please contact the Patient Services Coordinators at [three.chequers@nhs.net](mailto:three.chequers@nhs.net)

**Signature** .....

**Print name** .....

**Date** .....

Practice use:

Date received by staff member:	
Name of staff member:	
Date request was sent to MediData	