



CONSENT FOR 3rd PARTY TO DISCUSS MEDICAL INFORMATION

If you have a 'Health and Welfare' Power of Attorney you do not need to complete this form. Please bring in your original so that we can scan it onto your records.

Full Name

Date of Birth

Address

.....

.....

Postcode

I give my permission for the person named overleaf to have access to my medical records and personal details which are held by the practice.

This permission relates to the following:

ALL OF MY RECORD Yes/No

PART OF MY RECORD Please specify

SPECIFIC CONDITION Please specify

I give permission for members of practice staff to discuss my medical condition(s) with the person named overleaf. **Yes/No**

I give my permission for the person named overleaf to access test results on my behalf. **Yes/No**

Details of person gaining consent

Name

Address

.....

.....

Postcode

Telephone contact number(s)

Email

Relationship to Patient.....

Confirmation of consent

Patient Signature

Date