



Patient Consent Form

Authorising another person access to your medical records

Patient details

Name:

Address:

Date of Birth:

NHS number:

Person given access to medical records details

Name:

Address:

Telephone number:

Relationship:

I understand that this allows the person named above to discuss my health, my test results, my medication, my appointments and other information that might not normally be shared, with staff at the surgery, and to arrange appointments and prescriptions on my behalf.

I confirm permission for the Practice to communicate with the person identified above in regards to my medical records.

Signature:

Date:

If the patient signing is between the age of 16 and 20 years, consent will only last until patient reaches the age of 21. The patient will then need to re authorise consent.