

Consent to Access personal data – Third party request

Legally other than with healthcare professionals involved in your care, we are not permitted to disclose personal data about you to anyone else without your express permission.

I understand that by signing this form I am giving permission for my personal data including medical copies of my health record including complete GP records to person/organization named below, please write clearly and sign where indicated.

Named person/Organization:

Relation/Purpose:

Date:

Your Signature:

Name: (please print)

DOB:

Today's Date:

Office use only:

- Date stamped (Date received)
- I.D obtained, assess true likeness.
- If under 18 please verify verbally & ascertain that patient has an understanding of what they are signing.
- By signing you are giving us the permission to process/submit your medical & personal information. For details policy please ask the member of management team