### NORTH RIDGE MEDICAL PRACTICE

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| PARTNERS:Dr Ann WoodDr R BlundellDr D Strange |  | North Ridge, Rye Road Hawkhurst Kent TN18 4EXTel 01580 753 935Fax 01580 754 452VAT No: 876012819 |

Dear Patient,

In accordance with the Data Protection Act, the practice needs consent from any patient that has an answering service and is happy for us to leave a message. If we do not have consent, we will be unable to leave a message on an answering machine, with a 3rd party or give out results to a 3rd party.

**Please complete the following form**:

Print Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give consent for the Practice to leave messages on the following numbers or email:**

Home Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are also updating records of our patients, and asking that you provide a **next of kin/in case of emergency contacts** to improve patient safety and care.

**I give consent for the practice to leave a message, give out results and have access to any aspects of my medical record with my Next of Kin nominated below:**

 Nominated Next Of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address (if different to yourself): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Case of Emergency, if different from above, contact:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This consent is to remain in place until further notice of cancellation by myself.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**