

King Street Surgery

Consent to discuss Patient records. (Allowing Others to Speak on Your Behalf)

- Due to patient confidentiality, we are unable to discuss any aspect of a patient's medical file with anybody other than the patient, without express consent, with the exception of someone holding a Power of Attorney, or the parent of somebody aged 15 or under.
- If you would like to consent for someone else to be able to discuss your medical records with practice staff, please indicate this on the form below.

PLEASE NOTE: This form must be completed and signed by the patient giving permission for access to their record. Any incorrectly completed forms will not be processed.

Patient name		Date of Birth	
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I confirm that staff at King Street Surgery can discuss my medical records with the below named persons and this should be recorded on my patient record:

Name	Date of Birth	Relationship to patient	Is this person registered as patient in this surgery?	Next of Kin

I give permission for the following things to be discussed with the above people (please tick all that apply):

Test Results		Private work		Referrals	
Prescriptions		Appointments		Consultation with the health professionals	
Please write any other					

Please note this form cannot be signed by anyone other than the patient unless the person signing has proof of power of attorney.

Patients signature		Date	
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DISCLAIMER: Should your circumstances change, it is your responsibility to keep us informed. Please contact the surgery if we need to amend the details for your next of kin or emergency contact. It is also your responsibility to keep us updated regarding who can access and discuss specific areas of your medical record as outlined above. The Practice bears no responsibility for any subsequent consequences should these details not be kept up to date.

Admin use only: verified with patient. Yes / No

Verified by