

## Patient Authorisation for 3<sup>rd</sup> Party Access to Patient Records

Please complete the form below and bring into the surgery with **two** forms of identification. One form of photo ID and one proof of address i.e. Passport, Photo Driving Licence, Photo Bus pass, Student ID **and** one official letter bearing your name and address i.e. Bank or Building Society, Utility Company, Local Council, Landline Telephone Provider. **(Note: A photo driving licence will suffice for both photo ID and proof of address)**

<b>Patient Name</b>	
<b>Date of Birth</b>	

I hereby give permission for the following person(s):

<b>Name(s)</b>	
<b>Relationship</b>	
<b>Contact Details</b>	

To have access to the following information from my medical records:

- Appointment information
- Prescriptions and medication
- Consultations
- Test Results
- Referrals / Hospital Correspondence
- Other (please specify)

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<b>Patient Signature</b>	
<b>Date</b>	

### For Practice use only

<b>Patient NHS Number:</b>		<b>Identity Verification Method:</b>	
ID verified by:	Date:	Photo Driving Licence <input type="checkbox"/>	Passport <input type="checkbox"/>
		Bus Photo Pass <input type="checkbox"/>	Student ID <input type="checkbox"/>
Authorised by (if applicable):	Date:	Bank/Building Scty <input type="checkbox"/>	Local Council <input type="checkbox"/>
		Utility Co. <input type="checkbox"/>	Landline Provider <input type="checkbox"/>
		Other (please state)	