Appletree
MEDICAL PRACTICE

THIRD PARTY ACCESS – SHARING OF INFORMATION CONSENT FORM

The completion of this form will authorise Appletree Medical Practice to discuss information regarding your health needs with the third party named in Section 2. This consent form will be scanned onto your medical records but you can withdraw this consent at any time by contacting the practice.

SECTION 1: Details of the Patient:

Patient's full name:	
Date of Birth:	
Address:	
Contact Telephone Number:	

SECTION 2: Details of the named third party

Full Name:	
Address:	
Telephone Number:	
Relationship to Patient:	
Is this person the Patient's Carer:	Yes / No
If 'yes', would you like your name to be added to our Carer's register? This will ensure our records are up-to-date and enable us to provide you with relevant information and advice**.** **Yes / No**	

THIRD PARTY TO ACT ON MY BEHALF
□ I give permission for all staff at Appletree Medical Practice to share information with the person named in **section 2** – *this is often a family member/carer*. The **patient named in section 1** must sign overleaf and in doing so, is consenting to this request. . Continued…..

Please detail below if this access is to be limited in any way (e.g. only for test results, appointment information, only discussions with GP, etc.)

Limited access for:

Please allow access: Indefinitely □

For a limited period only □

Please specify when this authority is valid until ……..

If a patient has 'Lack of Mental Capacity' and is unable to consent to this request, we would need a copy of a 'Health and Welfare Lasting Power of Attorney' evidencing your entitlement to access this information.

All patients must consent by signing here. This signature needs to be witnessed by a member of the reception team or a clinician.

Patient's Signature: …….

Date of Application: ……

Please also provide a form of photo ID (e.g. passport, driving license, bus pass etc) to enable us to grant access to information sharing.

To be completed by Appletree Staff:

Photo ID checked:

□ Passport

□ Driving License

□ Other, please specify ……

Signature Witnessed by member of Appletree □

Staff Member's Name: ……..

Date: ……..