



# Confidentiality and Consent to Share Clinical Information

You are registered with the University Medical Service [UMS], which is an NHS General Practice that also provides a range of specialist services that focus on the needs of students.

Sometimes it can be very helpful to an individual if consent is given to information with third parties such as Student Support (STS); parents/guardians; other external organisation. What you choose to share and with who, is completely up to you.

There is a range of other resources and services that exist outside the University Medical Centre that can offer to advice and support students to make the most of their time at UEA. Many of these services can be accessed via the Student Support [STS]. This includes a mental health advisor who can help with difficulties linked to general personal issues such as anxiety or more significant mental health diagnoses such as depression.

Good medical practice makes clear that patients have a right to expect that information about them will be held in confidence by their doctors. This means that we will NOT give information to anyone unless you give consent (*unless there is an immediate and significant concern for your welfare*).

If you are in agreement with your doctor to communicate with a third party, where it is appropriate and, in your interest, please complete as appropriate the below, sign the consent form and hand this back in at main reception in the Medical Centre or email [umsuea@nhs.net](mailto:umsuea@nhs.net)

**You can withdraw or amend your consent choices at any time – please let us know.**

Signature of patient..... Date .....

Printed name..... Date of Birth .....

### **Who do you consent to sharing with?**

I consent to the doctors at UMS sharing appropriate information with the following;

<input type="checkbox"/>	UEA Student Support (STS) office during my university registration period (year) .....
<input type="checkbox"/>	Parent/Guardian Insert exact names .....
<input type="checkbox"/>	Other... Please state clearly who with/organisation .....

### **What do you consent to share?**

- I consent to share any details within my medical record, past or present (*specify 'from' date if needed*)
- I consent to only to share details relating the current condition of... (*specify below*)
- I consent to... (*specify below*)

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