



# *The Mansell Road Practice*

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## Consent to allow access to medical information for a third party

Please complete this form if you wish to grant a representative the ability to communicate with us about you. This will enable them to gain information about you and your medical problems, talk to us about your care and give or receive information about you. It will not entitle them to order copies of your medical records, sign consent on your behalf, withdraw care or sign an order to prevent your resuscitation.

Giving consent to someone else to communicate with us about you and your medical problems is a **very significant step** and you should give it **serious consideration** before you give consent. You need to consider what they might learn about you and your problems that you did not want them to know and have **fully considered** the ramifications of giving consent. Once they learn information about you, they might also share it with others that you did not intend to have that information. If you are unsure about giving consent, we advise that you seek legal advice before proceeding.

Your Details
Name:
Date of Birth:
NHS No (if known):
Address:
Mobile:
Home:
Email:

Your Representatives Details
Name:
Address:
Mobile:
Home:
Email:
Their Relationship to you is:

Extent of Consent
We need to know what problems you wish to give consent for the third-party to communicate with us about. You must specify the problem (s) for which you are giving consent:
Declaration
I consent to the release of confidential information from my medical records as stated in this form, to the person stated above.
Signed: _____ Date: _____
Witness (please ask another adult, other than your representative to witness your consent)
Witness Name: _____
Witness signature: _____
Date: _____

**PLEASE TAKE THIS TO RECEPTION WITH ID**