

Albany House Medical Centre

Dr. Warwick Coulson
Dr. Aileen Robertson
Dr. Cibi Mukundan
Dr. Narayanan Annamalai
Dr. Navjeet Dua
Dr. Shehzad Ali
Dr. Andre Krzeminski
Dr. Rita Nwafor
Dr. Adam Nawaz
Susie Fitzgerald (Manager)

Consent for Medical Records

Please read this carefully.

I give consent to Albany House Medical Centre to disclose the minimum information required to complete the Non-NHS service I have requested.

I have requested that the records be left at reception for collection, I note that I must either collect the work in person or ensure that the person collecting the records presents written consent for collection which I have signed. Proof of identity in the form of photo identification may be required from whoever collects the work.

NOTE THAT, BECAUSE THIS IS LOW-PRIORITY WORK, IT MAY TAKE UP TO 21 working days TO TURN ROUND THIS REQUEST.

Medical records are required from earliest date held (please tick)

or

Medical records required from (date)

Patient's full name (CLEARLY)

Signed: Date:

Date of birth: CONTACT NUMBER

If you are requesting this information on behalf of someone else please fill in the section below:

Name of person requesting (print CLEARLY):

CONTACT NUMBER.....

For under 16s, the patient must sign to indicate that they have given consent for us to disclose this information:

Patient's consent given: Date:

Relationship of requestor to patient (eg parent/carer/etc):

CONTACT NUMBER.....

MUST BE COMPLETED BY STAFF

Date & Initial
