**Patient Consent Form**

**For Another Person To Discuss Your Medical Care**

Whilst it is vital for the proper care of individuals that detailed records are kept of their medical history and that those concerned with their care have ready access to this information, it is also important that patients can trust that personal information will be kept confidential and that their privacy is respected.

All staff have an obligation to safeguard the confidentiality of personal information. This is governed by law, contracts of employment and, in many cases, professional codes of conduct. A statement of duty of confidentiality is signed by all staff who have access to personal information whilst at the Practice.

If you wish to allow a third party i.e. family member etc., to discuss your medical record or documents please complete the below 3rd party confidentiality & consent form – this will then be scanned onto your medical record & noted by our staff. You can withdraw consent at any time by notifying the surgery. Please ensure you state fully who can be involved & to what extent.

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| --- | --- | --- | --- |
| **Patient’s Details** | | | |
| **Patient’s Name:** |  | | **Date of Birth:** |
| **Patient’s Address:** |  | | |
| **Patient’s Tel No.:** | | **Patient’s Email.:** | |

**Patient’s Consent:**

I fully consent to Heath Hayes Health Centre / Chase Medical Practice releasing information and discussing my care / medical records with the person named below.

This authority is for \*

An indefinite period

A limited period

|  |  |  |
| --- | --- | --- |
| **Details of person you would like to able to discuss your care** | | |
| **Full Name** |  | |
| **Address** |  | |
| **Landline Tel No.:** | | **Mobile No.:** |
| **Relationship To You** |  | |

CONTINUED OVERLEAF….

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the above person your next of kin?**  **(circle as appropriate)** | **Yes** | **No** | **Note:** **Next of kin is a person’s closest living blood relative or relatives**. In cases of medical emergency, where a person is incapable (either legally because of age or mentally infirm, or because they are unconscious) of making decisions for themselves and they have no spouse or children, medical decisions can be made by the next-of-kin in preference to the wishes of medical personnel. |

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| **Please say below if you want to limit the information that we pass on (e.g. only for test results, or only for making and cancelling appointments** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that I give permission for staff at Heath Hayes Health Centre & Chase Medical Practice to discuss my medical care with the person named above. | | | |
| **Signature** |  | **Date** |  |

***Note: If the patient does not have capacity to consent to another person discussing their medical care but access is considered by the practice to be in the patient’s best interest, this form may be signed by the patient’s GP***