

## Patient Consent Form (for another person to access medical records)

Patient's Details (The person whose records another individual(s) is to be given access to)	
Surname	
First Names	
Date of birth	
Address	
Tel No.	
NHS Number	

Details of person to be given access to this Patient's information	
Surname	
First Names	
Date of birth	
Address	
Tel No.	
Relation to Patient	

<p><b>Please detail below any limitations to your medical record that you do not consent the above person to have access to.</b></p> <p>(i.e. test results, making/cancelling appointments, medication and clinical information)</p> <p>If blank, full access will be granted.</p>

<b>I give permission for the above-named person to have access to my medical records. I understand that this consent will remain in place unless I notify the practice for this to be withdrawn.</b>	
Patient Signature	
Date	

### **Consent for children under 16 (Gillick Competence)**

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then he/she will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

<b>I am the Patient / Parent / Guardian (delete as necessary).</b>	
Signature	
Date	
Address (if not the same as patient):	