

Patient Consent Form - *For another person to access their medical records*

Patient's Details

(The person whose records another individual(s) is to be given access to)

Full Name:	
Date of Birth:	
Address:	
Tel No:	

Details of person(s) to be given access to this Patient's information

1	Full Name:	
	Address:	
	Tel No:	
	Email:	
	Relationship to patient:	
2	Full Name:	
	Address:	
	Tel No:	
	Email:	
	Relationship to patient:	
3	Full Name:	
	Address:	
	Tel No:	
	Email:	
	Relationship to patient:	

If you wish to provide full access, please leave this section blank or please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only).

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I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records

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 s/he 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.

I am the Patient / Parent / Guardian (delete as necessary).

Signature:

.....

Full Name:

.....

Address (if not the same as patient):

.....

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The completed form must be scanned on the patient’s medical records as well as a reminder must be put on the patient’s home screen with the names of people who the patient gave permission to deal with us on behalf of the patient.

For example:

Patient gave permission to **John Smith, Sarah Smith** deal with us on behalf of the patient