

bridgecottagesurgery

Tel 01438 715044

general.bridgecottagesurgery@nhs.net

Permission to Discuss my Health & Records with Someone Else

Please complete this form if you wish to grant a representative the ability to communicate with us about you and your health.

Completing this form will enable the person(s) of choice to gain access to information about you and your medical problems, talk to us about your care, and give and receive information about you.

Giving consent to and for someone else to communicate with us about you and your medical problems is a very significant step and you should give it serious consideration. You need to consider what they might learn about you and your health, that you did not or may not want them to know.

By completing this form, you are advising that you have fully considered the ramifications of giving that consent. If you are unsure about giving consent, we advise that you do not give it and that you seek legal advice before processing.

About me (the patient):

Patient's full name: _____

Patient's date of birth: _____

Patient's NHS Number (if known): _____

Patient's contact telephone number: _____

About them (the person who will now have access):

The name of the person I am giving access to: _____

(one form per person please)

Their relationship to me: *e.g. Spouse/Son/Daughter/Neighbour/Friend* _____

Is this person also registered as a patient at Bridge Cottage Surgery themselves? Yes / No

Their telephone number(s): _____

Would you also like them recording on file as your next of kin and/or emergency contact: Yes / No

What can be shared with this person - please select box(es):

- To be given **test results** and **immunisations details**.
- To be able to discuss questions about **my medication** or **prescription requests**.
- To be able to **ask details of my appointments** – e.g., times and dates, to be able to cancel appointments and **make** appointments where necessary
- To be able to discuss any **referrals** that have been made on my behalf.
- To be able to see my **medical record**, be informed what I have been diagnosed with, and see my whole medical history.
- All the above** Other (please specify): _____

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Access to records is available online through the NHS app. <https://www.nhs.uk/nhs-app/>

Signed and authorised by me, the patient:

Patient's Signature: _____ Date: _____

You can change your mind!

Consent may be revoked by the patient at any time, by writing to the Practice Manager.

This extra section only applies if a patient is not capable to consent:

If a patient is incapable of giving consent, this form can be signed (above) on their behalf by someone else, providing that this representative has a legal "Lasting Power of Attorney (LPA) for Health and Care Decisions" or other legal document confirming this authority and leave a copy of such legal document with the form (please never leave original copies).

Full name, address and phone number of representative who has signed this on behalf of the patient.

Patient representative full name: _____

Date of birth: _____

Address: _____

Contact number _____

If you are unable to provide this documentation, please speak with the Practice Manager.

Office Use: Reception staff to complete

Who handed form in: Patient? Patient representative?

If this was not signed by the patient, what proof of legal authority has also been shown?

- Lasting Power of Attorney **for Health and Welfare ONLY**
 Court Appointed Deputy Legal authority e.g. "LPA for health and care decisions"
 Other: _____

Scanned copy of any official legal documentation shown, e.g. power of attorney must always be taken and added to the medical record in case of any future queries.

Receptionist full name: _____ Date: _____

This fully completed form and any legal documentation now needs to be scanned and the information added to the patient record