Cathays Surgery - Consent Form to Release Medical Information to Third Party at Patient's Request (twimc) Please complete this form and submit it to the practice.

Your details				
Title:		Date of Birth:		
Forename(s):		Surname:		
Home Address:		· · · · · · · · · · · · · · · · · · ·		
Postcode:				
Telephone:				
Details of the Third Party				
Please provide details of the third-party person/organisation you would like us to write to.				
(e.g. your university, employer, etc.)				
Name of organisation				
Name of person (if known)			□ - Not k	nown/relevant/applicable
Address:				
Postcode:				
Information Requested				
	-	etails of what information you would like to be shared wit so ask for a letter directly from the third-party outlining what information ask for a letter directly from the third-party outlining what information ask for a letter directly from the third-party outlining what information		•
Declaration				
Please read the below and tick the boxes you agree to.				
□ - I consent to Cathays Surgery sharing my medical information with the above third-party. □ - I understand it is at the discretion of the GPs of whether they will or will not complete this request. (If we cannot complete your request, we will inform you as soon as possible.) □ - I understand that this service may incur a charge, which will be discussed with me prior to the above request being carried out.				
☐ - I understand that if a charge has been requested by Cathays Surgery that I will have to make a payment via reception				
Patient Signature			Date:	

Please be aware these requests can take between 14-30 days to complete.