

# ALMONDBURY SURGERY

Longcroft, Almondbury, Huddersfield, HD5 8XW

Tel: 01484 514555

Website: [www.thealmondburysurgery.co.uk](http://www.thealmondburysurgery.co.uk)

## Allowing Others to Speak on Your Behalf

Due to patient confidentiality, we are unable to discuss any aspect of a patient's medical record with anybody other than the patient, without express consent, with the exception of someone holding a Power of Attorney or the parent of somebody aged 15 or under.

If you would like to consent for someone else to be able to discuss your medical records with practice staff, please indicate this on the form below.

PLEASE NOTE: This form must be completed and signed by the patient giving permission for access to their record. Any incorrectly completed forms will not be processed.

PATIENT NAME:	PATIENT D.O.B:	PATIENT'S NHS NUMBER:

I HEREBY GIVE PERMISSION FOR THE ALMONDBURY SURGERY TO DISCUSS MY MEDICAL RECORDS WITH THE FOLLOWING INDIVIDUALS:

NAME	D.O.B.	RELATIONSHIP TO PATIENT	ALSO A PATIENT IN THE SURGERY

I GIVE PERMISSION FOR THE FOLLOWING TO BE DISCUSSED WITH THE ABOVE-NAMED INDIVIDUALS (PLEASE TICK ALL THAT APPLY):

TEST RESULTS		SOLICITORS MATTERS	
PRESCRIPTIONS		INSURANCE MATTERS	
REFERRALS		APPOINTMENTS	
CONSULTATIONS WITH THE DOCTOR/NURSE/CLINICIAN AT ALMONDBURY SURGERY		CONSULTATIONS WITH ANY SHARED CARE HEALTHCARE PROFESSIONAL; eg. District nurses, other hospital organisations	

SIGNED (BY THE PATIENT): \_\_\_\_\_ DATE: \_\_\_\_\_

NEXT OF KIN/EMERGENCY CONTACT	
NAME	
CONTACT NUMBER	
RELATIONSHIP TO YOU	

**DISCLAIMER:**

Should your circumstances change; it is your responsibility to keep us informed. Please contact the surgery if we need to amend the details for your next of kin or emergency contact. It is also your responsibility to keep us updated regarding who can access and discuss specific areas of your medical record as outline on page 1 of this form. The Almondbury Surgery bares no responsibility for any subsequent consequences should these details not be kept up to date.

**For Practice Use Only**

Patient NHS number:		Date received
Identity Staff verified by (initials):	Date:	Method (tick): Photo ID <input type="checkbox"/> Copy taken & attached <input type="checkbox"/>
Scanned onto record by; Staff Initials:		Date: