

## 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, except for someone holding a Health and Welfare Power of Attorney, or the parent of somebody aged 14 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** \_\_\_\_\_

I hereby give permission for the surgery to discuss all aspects of my medical records with the following people until such time that I revoke this instruction in writing.

| Name | D.O.B | Relationship to patient | telephone number | Also a patient at the surgery? |
|------|-------|-------------------------|------------------|--------------------------------|
|      |       |                         |                  |                                |
|      |       |                         |                  |                                |
|      |       |                         |                  |                                |
|      |       |                         |                  |                                |

Signed (by patient): \_\_\_\_\_ Date: \_\_\_\_\_

### Next of kin/Emergency Contact

|                         |  |
|-------------------------|--|
| Name                    |  |
| Contact number          |  |
| Relationship to patient |  |