Lathom Road Medical Centre

Information Sharing Consent Form

Date : _____

I _____of_____ _____

hereby give my permission for Lathom Road Medical Centre) to share medical information with connection with my care with _____.

Statement of Consent:

I understand that personal information is held about me.

I have had the opportunity to discuss the implications of sharing or not sharing information about me.

Name

……

Address

……

Post code …… Date of Birth

…….

Signature ……