**Maybury Surgery**

**Prescription/Forms Collection Consent Form**

Due to new GDPR regulations commencing on May 25th 2018, we are no longer able to release prescriptions or any other medical information including blood results, correspondence and forms for patients over the age of 13 to third parties.

Third Parties include family members and chemists etc.

If you wish a 3rd party to collect your prescription, blood results, correspondence, forms etc. we will need written consent.

Therefore, please complete the consent form below and return to reception.

Patient Name ……………………………….………………………………. DOB………………………………………..

EMIS Number ……………………………………………………

I consent for the following person/persons to collect my Prescription

Name ………………………………………………………………………………………………………………….

Relationship to Patient………………………………………………………………………………………..

Patient Signature ……………………………………………………………………Date ………………

**NB: Please ensure the collection is made with a photo ID**