

# Individuals Rights Request

## Consent Form



### Section 1: Requestor's details

Please provide details of the person or organisation making the request:

Full Name	
Company name (if appropriate)	
Job title (if appropriate)	
Address	
Postal Code	
Contact Telephone Number	
What information has been requested and why	

### Section 2: Patient details

Please provide details of the patient:

Title	
Surname	
Forename(s)	
Address	
Postal Code	
Date of Birth	
NHS Number (if known)	
Contact Telephone Number	

### Section 3: Patient / Guardian of patient's Consent

If you are happy for us to facilitate this request and provide \_\_\_\_\_ with copies of your records and/or a medical report/letter, please sign below.

Full name of Patient / Guardian	
Signature of Patient / Guardian	
Date	

If you **do not** want your information to be shared with the above person/organisation (detailed in section 1), please let us know by ticking this box ☐

*Please return this form in person, by post, fax or via email to:*

**Cathays Surgery,  
137 Cathays Terrace,  
Cardiff,  
CF24 4HU**

***admincathays.admin@wales.nhs.uk  
Fax: 02920 388771***