

THIRD PARTY CONSENT FORM

If you would like to nominate a third person to have access to your medical information including discussing any matter relating to your care or wish them to collect your prescriptions/sicknote/letters you will need to complete this form as we now need a signature before we can access your request.

Manor House Surgery complies with the new GDPR regulations 2018 and these regulations state that we must not disclose any personal data without the express consent of the individual. Therefore, in order for us to disclose any information to a third person we must have your consent in writing.

Please sign and complete the form below and return to the Practice. By completing this form you are giving Manor House Surgery permission to discuss your medical details with a nominated party on a PERMANENT basis or collect your prescriptions/letters/sicknotes or both.

If you wish to cancel or change this arrangement at any time, you will need to request this in writing to the Practice however we are required to annually review that these are still your wishes.

NAME OF PATIENT

DOB

ADDRESS

.....

I hereby authorise:

Name

Address

Relationship

Telephone Number

I hereby authorise:

Name

Address

Relationship

Telephone Number.....

Manor House Surgery, Providence Place, Bridlington, YO15 2QW

I hereby authorise:

Name

Address

Relationship

Telephone Number.....

I hereby authorise:

Name

Address

Relationship

Telephone Number.....

To have access to:

My medical information including discussing any matter relating to my care.

Collection of prescriptions/Sicknotes/Letters

SIGNATURE

PRINT NAME:

DATE

Practice Use Only

Alert & Rev Date Added
Code 9NdG added

