

**WE NEED FORMAL CONSENT IF YOU WANT INFORMATION SHARED WITH A THIRD PARTY**

Reception and appointments staff often have husbands, wives, parents, carers etc asking for test results or other information which they cannot disclose without formal consent from the patient.

It often can appear that the staff member is being bureaucratic and unhelpful when they are in actual fact simply complying with NHS and doctor's recommendations to safeguard the confidentiality of patient information. It is vital that patients have confidence that their health records are safely kept in the strictest confidence and that if information is shared they have given their prior consent to this. If you want to give consent please fill in the details below.

**PATIENT'S CONSENT TO SHARE NHS DATA WITH A NAMED THIRD PARTY**

I, (full name) ..... of (address)  
 .....  
 .....

give formal consent for Kingsteignton Medical Practice to communicate test results and discuss repeat prescriptions and all other medical information from my confidential NHS health records, with the following person.

Name: .....  
 Address: .....  
 .....  
 Tel No: .....  
 Mobile No: .....  
 Relationship: .....

This consent includes all clinicians and staff within Kingsteignton Medical Practice if you wish for specific members of Kingsteignton Medical Practice team to share your information please specify here.

Name ..... Position.....  
 Name ..... Position.....

I understand that I can withdraw this consent at any time by giving 48hrs notice in writing

**Patient Declaration**

\*Please specify a date you wish this consent to be valid until. If you do not provide us with an end date then this will be recorded on your records until you notify us in writing if the situation changes.

Effective from (date) ..... Until (date)\* .....

Signed: .....

Office Use Only		
Readcode onto the patient's records	Date:	Initial:
Pop Up	Date:	Initial:
Scanning	Date:	Initial: