**Allowing Others To Speak On Your Behalf**

**For patients with capacity**

Due to patient confidentiality, we are unable to discuss any aspect of a patients medical file with anybody other than the patient without express consent.

If you would like to consent for someone else to be able to discuss your medical records with Practice staff, please indicate on the form below.

**PLEASE NOTE:** This form must be completed and signed by the patient giving permission for access to their record. Any incorrectly completed form will not be processed.

**About me (the patient):**

Patient name: ………………………………………………………………….………..…. Date of birth: …………………....……..

**About them (the person given consent):**

I hereby give permission for The Healthcare Centre to discuss my medical records with:

Name: ……………………………………………………………………………………………………………………………………………….

Relationship to me: (e.g. Daughter, Friend, Neighbour) …………………………………………………………………….

Their telephone number(s): ………………………………………………………………………………………………………………

Is this person registered with the Practice: Yes / No

Would you like us to record them as your emergency contact: Yes / No

I give permission for the following aspects of my medical history to be discussed with the above person (please tick all that apply):

Test Results Solicitor matters

Medication Insurance matters

Consultations Appointments

Referrals Other (please specify) …………………………………………………………….

Signature of patient: ……………………………………………………………………….…… Date: ………………………………..

**Should your circumstances or wishes change, it is your responsibility to keep us informed. The Practice will not be held responsible for any subsequent consequences should this information not be kept up-to-date.**