



## Allowing Others to Speak on Your Behalf

Due to patient confidentiality, we are unable to discuss any aspect of a patient's medical file with anybody other than the patient, without express consent, with the exception of someone holding a Power of Attorney, or the parent of somebody aged 15 or under.

If you would like to consent for someone else to be able to discuss your medical records with practice staff, please indicate this 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 forms will not be processed.

**Patient Name:** \_\_\_\_\_

**DoB:** \_\_\_\_\_

I hereby give permission for **RINGWOOD MEDICAL PRACTICE** to discuss my medical records with the following people:

Full Name	Date of Birth	Relationship to Patient	Contact Information	Patient here?

I give permission for the following things to be discussed with the above people (please tick all that apply):

<b>Consultations with the Doctor/Nurse</b>	<input type="checkbox"/>	<b>Referrals</b>	<input type="checkbox"/>
<b>Appointments</b>	<input type="checkbox"/>	<b>Insurance matters</b>	<input type="checkbox"/>
<b>Prescriptions</b>	<input type="checkbox"/>	<b>Solicitors matters</b>	<input type="checkbox"/>
<b>Test Results</b>	<input type="checkbox"/>		<input type="checkbox"/>

Next of Kin/Emergency Contact (if different from above):

<b>Full Name</b>	
<b>Contact Number</b>	
<b>Relationship to you</b>	

Signed (by patient): \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLAIMER:** Should your circumstances change; it is your responsibility to keep us informed. Please contact the surgery if we need to amend the details for your next of kin or emergency contact. It is also your responsibility to keep us updated regarding who can access and discuss specific areas of your medical record as outlined above. The Practice bears no responsibility for any subsequent consequences should these details not be kept up to date