

Wallingbrook Health Group

Chulmleigh • Winkleigh

Dr Diana Wielink • Dr J E Timothy Burke • Dr Will Sherlock • Ms Karen Acott
Dr Ian Guildford • Dr Deepun Gosrani • Dr Liz Wilson-Smith • Dr Rhiannon Starks

AGREEMENT FOR A NOMINATED PERSON TO HAVE ACCESS TO A PATIENT'S MEDICAL RECORDS

Patient's Name			
Patient's Address			
Postcode		Date of Birth	

I give permission for my NOMINATED PERSON

Full name:

Address:

Postcode:

Telephone number:

to have access to my medical records and personal details held by the Practice.

This permission relates to all of my record / part of my record / specific condition only (*delete as appropriate*).

Where the permission is restricted to part of the record only, please specify below the precise limits of this permission, and any areas of the record which are excluded.

I understand that the doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.

I consent to my NOMINATED PERSON receiving copies of all correspondence relating to my treatment (*delete if not applicable*). I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold all or any copies.

Signed _____ (Patient) Date _____

Signed _____ (Nominated Person) Date _____

Correspondence to: Wallingbrook Health Centre, Back Lane, Chulmleigh,
Devon, EX18 7DL. Tel 01769 580295. Fax 01769 581045

VAT Registration Number 879082282

*Please note that all calls to and from the surgery are recorded and may be monitored for quality and training purposes.

"Together we build happy, healthy communities"

www.wallingbrook.co.uk