

# Wallingbrook Health Group

Chulmleigh • Winkleigh

Dr Diana Wielink • Dr Will Sherlock • Ms Karen Acott  
Dr Deepun Gosrani • Dr James Jarvie

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

<b>Patient's Name</b>			
<b>Patient's Address</b>			
<b>Postcode</b>		<b>Date of Birth</b>	

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.**

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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](http://www.wallingbrook.co.uk)