

Wallingbrook Health Group

Chulmleigh • Winkleigh

Agreement for a nominated person to have access to a patient's medical records

Doctors and staff at Wallingbrook Health Group often have husbands, wives, partners, Carers etc asking for confidential information which they cannot disclose without formal consent from the patient.

It can often appear that the staff member is being obstructive and unhelpful when they are in actual fact simply complying with NHS and Government 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 Third Party Consent please complete the form below.

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

Patient Full Name Date of Birth//

Address

.....

I, the above named person give my formal consent for Doctors and Staff of Wallingbrook Health Group 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:

Relationship to patient

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 of a change in situation.

Effective from (date) / / Until (date)* / /

Signed:

Office use only: SNOMED code 319951000000105 – Consent given to share patient data with specified 3rd party

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

VAT Registration Number 8790822821

*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