

**YORK ROAD GROUP PRACTICE
CONSENT FORM TO RELEASE PATIENT INFORMATION TO A THIRD PARTY**

I understand that all information about patients held by this practice is strictly confidential: from the most sensitive diagnosis, to the fact of having visited the surgery or being registered at the practice.

I am unable to contact the practice in person, so would like to nominate a person who can discuss my medical condition on my behalf.

Patient Name:

Patient Address:

Patient Telephone number:

Patient date of birth:

Declaration

By giving my consent I understand that the following named person is able to contact the practice to discuss my medical condition and I also understand that I am able to remove my consent at a later date if I so wish.

I hereby give consent for:

Address of contact:

Telephone Number of contact

(The contact must keep the practice updated with current contact details)

as my relative / carer to contact the practice on my behalf.

Signed (Patient) _____

Dated _____

Statement of Interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Signed (Third Party) Date

Name

(Reviewed March 2018)