

**PATIENT CONSENT**

If you wish to give permission for a third named person to receive results on your behalf please complete the consent form below. Our reception staff are trained to give out results of some diagnostic tests which have been reviewed by the GPs and on their instructions. Staff will not give results to any third party, including a spouse or close relative unless written permission has been given by you. Details will be recorded on your medical record to alert staff and allow disclosure.

I wish the person named below to receive results or messages concerning my healthcare from Brewer Street Surgery on my behalf:

Named person: \_\_\_\_\_ staff use 9NdG.00

Relationship \_\_\_\_\_ Telephone No \_\_\_\_\_

I understand that any message or result may be of a medical and confidential nature. Having given permission I accept that Brewer Street Surgery partnership and staff are absolved of responsibility to further safeguard confidentiality when passing on the results of tests or telephone messages to third parties as above. Should at any time I wish to change or cancel the above agreement or named person I shall inform Brewer Street Surgery in writing.

My name in full \_\_\_\_\_ Date of birth \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

There are times when your medical records may be shared by an external organisation for the following reasons. Please indicate whether you consent to each area.

**Summary Care Record** This is an electronic record which includes your name, address, date of birth, NHS number and includes any allergies you suffer from and bad reactions to medicines along with any medicines you are currently taking. This information will enable healthcare professionals in hospitals and out of hours care providers around the country to see this brief medical information about you. This can be very useful in an emergency.

Please circle YES if you consent to the upload Staff use 9Ndn

Please circle NO if you do not consent to the upload Staff use 9Ndo.

**Department of Health information** Personal confidential data, date of birth, postcode, NHS number and gender can be extracted from the Practice GP system with the intention to improve healthcare and co-ordinate improved integrated services between organisations.

Please circle YES to give your consent Staff use 9Nd7

Please circle NO to withhold your consent Staff use 9Nu0

**External NHS Assessors** occasionally check medical records in a practice in relation to probity checks on financial claims for work that may be undertaken on behalf of the local Clinical Commissioning Group and NHS England.

Please circle YES if you consent to your medical data being checked Staff use 9Nd4

Please circle NO if you do not consent to your medical data being checked Staff use 9ND9

Signed \_\_\_\_\_ Date \_\_\_\_\_