



Allowing Others to Speak on Your Behalf

For patients, aged 16 and over, with capacity

Due to patient confidentiality, we are unable to discuss any aspect of a patient's medical file with anybody other than the patient, without express consent.

If you would like to consent for someone else to be able to discuss your medical records with practice staff, please indicate this on the form below.

PLEASE NOTE: This form must be completed and signed by the patient giving permission for access to their record. Any incorrectly completed forms will not be processed.

About me (the patient):

Patient Name: Date of Birth.....

About them (the person who can):

I hereby give permission for Cromer Group Practice to discuss my medical records with

Name:

Relationship to me: eg Neighbour/ Daughter / Friend:

Their telephone number(s):

Is this person also registered at Cromer Group Practice? Yes / No

Would you like us to record them as your emergency contact: Yes / No

I give permission for the following things to be discussed with the above person (please tick all that apply):

- | | | | |
|---------------|-----------------------|--------------------|-----------------------|
| Test Results | <input type="radio"/> | Solicitors matters | <input type="radio"/> |
| Medication | <input type="radio"/> | Insurance matters | <input type="radio"/> |
| Consultations | <input type="radio"/> | Appointments | <input type="radio"/> |
| Referrals | <input type="radio"/> | Other (specify) | |

Signature of Patient

Date:.....

Should your circumstances or wishes change, it is your responsibility to keep us informed. The Practice cannot be held responsible for any subsequent consequences should this information not be kept up-to-date.