

CONSENT FOR SHARING OF MEDICAL INFORMATION

Name:

Address:

Date of Birth:

I agree for the following person(s) or organisation(s) to make queries regarding my health/investigations/treatment, collect prescriptions/medication and for the GP and/or authorised GP staff to share relevant information/advice in the interests of my health care.

Please indicate A or B

A - This consent is restricted to the following query/request:
.....
.....

B - This consent applies to all queries as of the date of this form that the GP/staff reasonably believe is in the interests of my best health care.

Person(s)/Organisation(s):

Relative (state name and relationship)
.....

Carer (state if friend or carers in an organisation)
.....

Community-Based Health Care Providers
(eg nurse, dentist, optician, chiropody, physio, speech/language, appliances)
Please give details

Community-Based Social Care Providers
(eg social services, safeguarding, local support service)
Please give details

School/Young Person-relevant Care Providers
(eg teachers, school nurse, health visitor, eHash, CAMHS, sexual health care)
Please give details

Other (state who)

The following conditions will apply:

- The GP/staff will only share the minimum information needed to address the query made
- The GP/staff will only share information they believe to be in the best interests of my health
- The GP/staff will not have future control over the storage/use of this information by the person(s)/organisation(s) above.

If I wish to rescind this consent at a future date, I will do so in writing to: "The Medical Centre". A copy of this form will be retained in my medical record. Further information about the Medical Centre Privacy Policy can be found on the practice website.

Signed..... Date

Please bring the completed form to reception, you will need to show two forms of ID. A list of accepted forms of ID can be found overleaf. If your representative is handing the form in for you, they will need to bring 2 forms of your ID as well as 2 forms of their own ID from the list.

Acceptable Identity Evidence

- Two pieces of Level 3 evidence; or
- One pieces of Level 3 evidence and one piece of Level 2 evidence

One piece of evidence must include a photograph.

Level 2 Identity Evidence	Level 3 Identity Evidence
<ul style="list-style-type: none"> • Firearm certificate • DBS Enhanced Disclosure Certificate • HMG issued convention travel document • HMG issued stateless person document • HMG issued certificate of travel • HMG issued certificate of identity • Birth certificate • Adoption certificate • UK asylum seekers Application Registration Card (ARC) • Unsecured personal loan account (excluding pay day loans) • National 60+ bus pass • An education certificate gained from an educational institution regulated or administered by a Public Authority (e.g. GCSE, GCS, A level or O Level) • An education certificate gained from a well-recognised higher educational institution • Residential property rental or purchase agreement • Proof of age card issued under the Proof of Age Standards Scheme (without a unique reference number) • Police warrant card • Freedom pass • Marriage certificate • Fire brigade ID card • Non savings bank account • Mobile telephone contract account • Buildings insurance • Contents insurance • Vehicle insurance 	<ul style="list-style-type: none"> • Passports that comply with ICAO 9303 (Machine Readable Travel Documents) • EEA/EU Government issued identity cards that comply with Council Regulation (EC) No 2252/2004 • Northern Ireland Voters Card • US Passport Card • Retail bank/credit union/building society current account • Student loan account • Bank credit account (credit card) • Non-bank credit account (including credit/store/charge cards) • Bank savings accounts • But to let mortgage account • Digital tachograph card • Armed Forces ID card • Proof of age card issued under the Proof of Age Standards Scheme (containing a unique reference number) • Secured load account (including hire purchase) • Mortgage account • EEA/EU full driving licences that comply with European Directive 2006/126/EC

For Office Use Only: ID Seen YES / NO – Please circle above types of ID seen initial _____ Date _____

- Scanned _____ (initial)
- Coded (9NdG) _____ (initial)
- Major Alert _____ (initial)