

Consent for Third Party Access

I, the undersigned, wish to give permission for my

State relationship:

- 1.....
- 2.....
- 3.....

Name:

- 1.....
- 2.....
- 3.....

Address:

- 1.....
- 2.....
- 3.....

Telephone Number:

- 1.....
- 2.....
- 3.....

to be contacted by the Evelyn Medical Centre and discuss: (tick as required)

- anything in my medical record with them
- only medication problems
(ordering , collecting, discussing medication)
- appointments but no medical details
(ie if you have an appointment/ book appointments/ if you have attended an appointment)
- messages from the practice only
(able to say we have rung or why we have rung)
- other (please specify).....

This decision will apply until you inform us of a change. Please DO NOT forget to inform us if there is a change in circumstance and you wish to revoke your consent for third party access.

Name.....

Date of Birth.....

Address.....

Signed.....

Date.....