

## Patient Consent Form

Your medical record is confidential, and staff at the practice will not give out any information about your healthcare to other people without your consent. This includes information about your appointments, test results and medication. If you would like a relative, friend, or carer to be able to discuss any aspect of your care with staff, please complete this form.

Your details			
Name			
Address			
Tel No.		Date of Birth	__ / __ / ____

Details of person to be able to discuss your care	
Full Name	
Address	
Tel No(s)	
Relationship to you	

(if more than one person is to be given permission then please list the above details for each additional person on the back of this form)

Is the above person your next of kin	Yes	No	<b>Note: Next-of-kin is a person's closest living blood relative or relatives.</b> In cases of medical emergency, where a person is incapable (either legally because of age or mental infirmity, or because they are unconscious) of making decisions for themselves and they have no spouse or children, medical decisions can be made by the next-of-kin in preference to the wishes of medical personnel.

Please say below if you want to limit the information that we pass on (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)

I confirm that I give permission for staff at Bilborough Medical Centre to discuss my medical care with the person named above.			
Signature		Date	

Note: If the patient does not have capacity to consent to another person discussing their medical care but access is considered by the practice to be in the patient's best interest, this form may be signed by the patient's GP.

Reception use only – verified with patient