

TAMAR VALLEY HEALTH

DO YOU WANT TO AUTHORISE A NAMED PERSON TO BE ABLE TO ACCESS SOME OF YOUR MEDICAL INFORMATION?

Your condition or circumstances may make it difficult for you to talk to the Practice directly by telephone or by going in person to the surgeries and you may wish to allow someone else to do so, on your behalf.

Due to Freedom of Information / Confidentiality legislation you cannot assume that someone else can automatically do this for you and your consent needs first to be registered at the Practice.

If this is your wish, please complete the following and return the form to Reception:

I (insert full name)

.....

Address

.....

Phone Number

.....

E-mail address

.....

Hereby agree to the following person (insert full name)

.....

Relationship

.....

Address and phone number

.....

E-mail address

.....

To be allowed to contact Tamar Valley Health on my behalf to access the following information:

Please tick

Full medical notes

Recent Test Results

Appointment Details

Specific medical notes only – Please specify

.....

Signed

Date

Office use only

Details of photo I.D seen