



## **Third Party Access Consent**

**Please read the information below before completing the form**

On occasions, you may choose for somebody to deal with matters pertaining to your health on your behalf.

The information within your medical record and the management of your health and wellbeing is very important and should be handled and protected carefully. Therefore, it is vital that you think carefully about whom you are sharing this privilege with.

Completion of this form will enable them to gain information about you and your medical problems, talk to us about your care, and give and receive information about you. It will not entitle them to order copies of your medical records, sign consent on your behalf, withdraw care or sign an order to prevent your resuscitation. Giving consent to someone else to communicate with us about you and your medical problems is a very significant step and you should give it serious consideration before you give consent. You need to consider what they might learn about you and your problems that you did not want them to know and have fully considered the ramifications of giving that consent. Once they learn information about you, they might also share it with others that you did not intend to have that information so please be mindful of this.

If you are unsure about giving consent, we advise that you do not give it and that you seek legal advice before proceeding. If a patient has an active Lasting Power of Attorney document (Health & Welfare certificate) this can be submitted instead of this form.

**A member of the practice team may speak to the patient once the form is returned to verify this request if the patient does not attend with the third party on returning the form to the practice. Third party representatives will also be asked to provide ID so we can confirm we are giving confidential access to the right person.**

If you have any questions about this, please contact reception and ask to speak to a member of the management team or email **[d-icb.fremington@nhs.net](mailto:d-icb.fremington@nhs.net)**.

If you decide you do want somebody to act as a 'representative' for you, then please complete the consent form on the back of this page. This will then be scanned on to your notes as a record of consent.

**FREMINGTON MEDICAL CENTRE  
THIRD PARTY ACCESS CONSENT FORM**

Patient's Details	
Full Name:	
Date of Birth:	
Home Address:	

I, \_\_\_\_\_ (name of patient), give permission to Fremington Medical Centre to speak to the following person \_\_\_\_\_ (name of representative) on my behalf.

Representative's Details	
Full Name:	
Relationship:	
Contact Details:	

I, \_\_\_\_\_ (name of representative), would like to be able to contact and speak to Fremington Medical Centre on behalf of \_\_\_\_\_ (name of patient).

Patient Declaration:
<input type="checkbox"/> I understand the implications of granting access to another person.
<input type="checkbox"/> I understand that it is my responsibility to inform the practice if I no longer give consent for the person named above to have access.

**Signed:** \_\_\_\_\_ (Patient)

**Date:** \_\_\_\_\_

FOR PRACTICE USE ONLY	
Form Handed In By:  Patient <input type="checkbox"/> Representative <input type="checkbox"/>	If handed in by representative, ID must be seen to verify their identity, and patient will need to be contacted to make sure they are aware.
Representative's ID Seen:  Yes <input type="checkbox"/> No <input type="checkbox"/>	Patient Informed:  Yes <input type="checkbox"/> No <input type="checkbox"/>