



Third Party Access Consent

Please read the information below before completing the form

On occasions, a patient may choose for somebody to deal with matters pertaining to their health on their behalf.

The information within a patient's medical record and the management of their health and wellbeing is very important and should be handled and protected carefully. Therefore, it is vital that the patient thinks carefully about whom they are sharing this privilege with.

Completion of this form will enable a third party representative to gain information about the patient and their medical problems, talk to us about their care, and give and receive information about the patient. It will not entitle the third party representative to order copies of the patient's medical records, sign consent on their behalf, withdraw care or sign an order to prevent their resuscitation.

Giving consent to someone else to communicate with us about the patient and their medical problems is a very significant step, and the patient should give it serious consideration before they give consent. The patient needs to consider what the third party representative might learn about them; and their problems that the patient did not want them to know and have fully considered the ramifications of giving that consent. Once the third party representative learns information about the patient, they might also share it with others that the patient did not intend to have that information so please be mindful of this.

If the patient is unsure about giving consent, we advise that they do not give consent.

If the patient does not attend with the third party representative when returning the form to the practice, a member of the practice team may speak to you to verify this request. Third party representatives will also be asked to provide ID so that 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**.

If the patient decides that they do wish for somebody else to act as a 'third party representative' for them, then please complete the consent form on the back of this page. This will then be scanned onto the patient's notes as a record of consent.

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

PART 1:

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

PART 2:

Third Party's Details	
Full Name:	
Relationship to Patient:	
Contact Details:	

PART 3:

Patient Declaration	
<input type="checkbox"/>	I fully consent to Fremington Medical Centre releasing information and discussing my care and medical records with the third party representative named above in part 2.
I would like access to be granted for:	
<input type="checkbox"/>	A limited amount of time: _____ months _____ years
<input type="checkbox"/>	Indefinitely (<i>the practice will refresh consent periodically to ensure it remains valid and up to date</i>)
<input type="checkbox"/>	I have read and understood the consent information provided and are aware of the scope and limitations of the consent being provided.
<input type="checkbox"/>	I understand that it is my responsibility to inform Fremington Medical Centre, if I no longer give consent for the third party representative named above in part 2 to have access.

Signed: _____ **(Patient)**

Date: _____

FOR RECEPTION USE ONLY	
Form Handed In By: Patient <input type="checkbox"/> Third Party <input type="checkbox"/>	If the form is handed in by the third party only, ID must be seen to verify their identity, and patient must be contacted to make sure they are aware.
Third Party's ID Seen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Patient Informed: Yes <input type="checkbox"/> No <input type="checkbox"/>