

Formal Consent for Confidential Information Sharing with a Third Party

Doctors and staff at Bideford Medical Practice often have husbands, wives, partners, Carers etc. asking for confidential information which they cannot disclose without formal consent from the patient.

It can often appear that the staff member is being obstructive and unhelpful when they are in actual fact simply complying with NHS and Government recommendations to safeguard the confidentiality of patient information.

It is vital that patients have confidence that their health records are safely kept in the strictest confidence and that if information is shared they have given their prior consent to this.

If you want to give Third Party Consent please complete the form below.

PATIENT'S CONSENT TO SHARE NHS DATA WITH A NAMED THIRD PARTY

Patient Full Name Date of Birth/...../.....

Address

.....

I, the above named person give my formal consent for Doctors and Staff of Bideford Medical Centre to communicate test results and discuss repeat prescriptions and all other medical information from my confidential NHS Health records with the following person.

Name:

Address:

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.....Tel No:

Relationship to patient

Patient Declaration

* Please specify a date you wish this consent to be valid until. If you do not provide us with an end date then this will be recorded on your records until you notify us in writing of a change in situation.

Effective from (date) / / Until (date)* / /

Signed:

Please ensure the form is signed – you can either digitally sign and email back to bideford.systemone@nhs.net or drop a hard signed copy into our reception front desk. Thank you.

Bideford Medical Centre

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