

**Consent Form**

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TEL NO:** \_\_\_\_\_

By completing this form you are granting access to personal information that we hold on file about you, to another individual(s). You must list the name, address and telephone number of the individuals concerned in the box below.

You must also list the information you wish us to share in the "information to be released" box below: eg: collection of prescriptions, collection of sick lines, results of tests, any information in my medical record, or any other specific information (which you would need to detail).

**INDIVIDUAL(S) BEING GRANTED ACCESS TO YOUR PERSONAL INFORMATION**

Name	Address	Tel No	Signature of Representative	ID Checked (Staff Only)

Please note that representatives will need to present two forms of ID with this form (Photo ID, plus proof of their own address) – see over for suitable forms of ID

**INFORMATION TO BE RELEASED**

By signing below, you indicate that you are the individual (patient) named above. The practice cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual named and will fully indemnify us for all losses, cost and expenses if you are not. *We will check signatures against any we hold on file. It may be necessary for you to attend with photo ID and proof of your address.*

**PATIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Note: You may withdraw this consent at any time. It is important that you let us know immediately if you wish to do so.**

*Thurso & Halkirk Medical Practice*

<b>FOR GP PRACTICE USE ONLY</b>
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**ID PROCESS**

**PLEASE TICK BELOW TO CONFIRM ID DOCUMENTATION SEEN:**

OPTION 1	OPTION 2
PHOTO ID eg Passport, Driving Licence, etc	<b>*IF NO UTILITY BILL AVAILABLE CHECK 2 OF THE FOLLOWING:</b>
<b>UTILITY BILL*</b>	Bank / Building Society Statement
	Credit Card Statement
	Letter / Statement re Mortgage
	Local Authority Rental Agreement
	<b>CONTRACT</b> Mobile Phone Bill
	Council Tax Letter
	Letter from Solicitor
	Letter from Govt Dept re Benefits
	Driving Licence

ID METHOD	DATE	STAFF MEMBER
Personal Vouching		
Personal Vouching with info in record		
Photo ID and proof of residence (see above)		

**Note: You may withdraw this consent at any time. It is important that you let us know immediately if you wish to do so.**