

Montgomery-House Surgery

CONSENT TO PROVIDE ACCESS TO MEDICAL INFORMATION

(This form should not be used for Proxy Online Patient Access)

This form is for patients who wish to provide access to their medical information to a 3rd party such as a carer, family member or close friend.

Patient Full Name	
Patient Date of Birth	
Patient Email address	
Patient Mobile Number	
Patient Home Telephone Number	

I understand that although the Practice will apply a check of reasonable “need to know”, it is not possible or practicable to delineate between all the various parts of my medical information. Therefore I understand I am consenting to allow the named person below to potentially access to **all** my medical information, and that this consent will continue until withdrawn by me with the Practice.

Full Name	
Address	
Home Telephone Number	
Mobile Number	
Relation to Patient	

This person acts as my carer, and should therefore be noted as such on my medical notes.	YES	NO
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Patient Signature Date

For consent for Proxy access to Medical Information via Online Patient Access systems, please use the appropriate form

***Please post or hand the completed form back to:
Montgomery-House Surgery, Piggy Lane, Bicester, OX26 6HT***