

meadowbridge

S U R G E R Y

PATIENT CONSENT FORM

Health and care records are strictly confidential. GDPR & The Data Protection Act 2018 requires consent to access personal health information.

This consent form grants permission for both clinical and administrative staff within Meadowbridge Surgery to speak to another on your behalf. This may include relatives, friends, carers, etc.

We therefore request that you complete this form appropriately and return it to Meadowbridge Surgery where a copy will be filed within your medical record for future reference.

You have the right to withdraw consent at any time. Please ask administrative staff for a Patient Consent Withdrawal Form.

Patient details	
Full Name	
Date of Birth	
Address	
Telephone Number	

Details of person whom you wish to give consent to	
Full Name	
Date of Birth	
Address	
Telephone Number	
Relationship to Patient	

FULL ACCESS

I give permission for doctors and staff working at Meadowbridge Surgery to speak to the person named above regarding:

(Please tick accordingly)

All matters relating to my health, medical care, treatment and/or medical needs

All Results

LIMITED ACCESS

I give permission for doctors and staff working at Meadowbridge Surgery to speak to the person named above regarding:

(Please tick accordingly)

Specific Areas:

My Current Health, Medical Care, Treatment or Medical Needs

My Past Medical History My Past Medications

My Current Medications

Specific Results:

Blood

Urine

Skin

X Ray

Stool

Ultrasound

Tests Carried out by Hospital

Other (Please Specify): _____

PATIENTS SIGNATURE: _____

DATE: _____

This consent form only relates to Meadowbridge Surgery.

Should you wish to gain information on Power of Attorney, please refer to the Office of Care and Protection, Room 2.2A, Second Floor, Royal Courts of Justice, Chichester Street, Belfast BT1 3JF, Telephone 028 9072 4733 or <http://www.nidirect.gov.uk/managing-your-affairs-and-enduring-power-of-attorney>