

Cross Keys Practice

Request For Patient Information From Third Party Organisation

Before releasing confidential medical information about a patient we must be satisfied that we have the patient's consent to do so or if they are unable to give their consent because they lack capacity that it is in their best interests for us to do so. To allow us to do this please fill in the form below and send it back to us. There may be a charge for providing information.

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Name and address of organisation requesting the information:

Name, address and date of birth of the patient:

Information Required:

Reason why the information is required and why it cannot be obtained in another way e.g. patient's own list of medications, asking patient about their medical history etc:

If you are requesting us to send information by fax please justify why this method of transmission is required rather than the information being posted or collected in person:

Consent from patient:

I am happy for the above requested medical information to be released about me by Cross Keys Practice to the organisation above

Signed:

Date:

If the patient is unable to give their consent because you believe their capacity is impaired please tell us:

- (1) Why you believe they do not have capacity to give their consent
- (2) Why releasing the above information would be in their best interests