

THE CROSS KEYS PRACTICE

Allowing others to speak on your behalf

Due to patient confidentiality, we are unable to discuss any aspect of a patient's medical record with anybody other than the patient without express consent. The exemption is a parent of a patient aged 15 or under or someone holding a Power of Attorney of a patient who has lost capacity.

PLEASE NOTE: This form must be completed and signed by the patient giving permission for access to their record. Any incorrectly completed forms will not be processed.

Patient Name: _____ Patient D.O.B: _____

I hereby give permission for the surgery to discuss my medical records with the following people:

Name	Date of Birth	Relationship to patient	Contact details

Signed (by patient): _____ Date: _____

By signing this form, you are agreeing to the person above having access to your full medical record. If you want to be more specific about the details they can access then please put this in writing with your preferences. Please tick this box to confirm you are happy for them to have full access to your medical record.

DISCLAIMER: Should your circumstances change; it is your responsibility to keep us informed. Please contact the surgery if you need to amend the details of who can access and discuss your medical record with us. The Practice accepts no responsibility for any subsequent consequences should these details not be kept up to date.