

The Village Surgeries Group

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Tel: 01829 771588

Consent to Discuss medical records for patients 11 years old and over

You have enquired about allowing another person to be able to have your medical record discussed on your behalf. This will enable us to speak with your representative about your medical condition and history. In order to proceed to give your authority, please complete the details below. Please note that as patient confidentiality is of paramount importance our Data Controller may contact you to confirm that you have consented to allowing access to your medical record and what this means. Please complete ALL information requested below.

The person you are authorising us to speak with:

Full Name.....

DoB..... **Relationship to you**.....

Address.....

.....

Post Code.....

Email address.....

Mobile number.....

Patient who is authorising access:

Full Name..... **DoB**.....

Address.....

..... **Post Code**.....

Email address..... **Mobile number**.....

Declaration of consent to discuss medical treatment, condition and history

I consent you to allow the person named above to discuss my medical treatment. I understand that this will enable them to discuss my entire medical record indefinitely or until I remove it. As a further protection of the confidentiality of my medical record I understand that the Data Controller of The Village Surgeries Group may contact me to further confirm my consent.

It may take up to 28 days for this service to be enabled.

Signed..... Date.....

For Data Controller use: Date patient spoken to Date sent to scanning and screen message
