



## **Discuss My Health with Someone Else – Consent Form**

Please complete this form if you wish to grant a representative the ability to communicate with us about you and your health.

Completing this form will enable the person(s) of choice to gain access to information about you and your medical problems, talk to us about your care, and give and receive information about you.

Giving consent to and for someone else to communicate with us about you and your medical problems is a very significant step and you should give it serious consideration. You need to consider what they might learn about you and your health, that you did not or may not want them to know.

By submitting this form, you confirm that you have thoroughly considered the implications of providing consent. If you are uncertain, we recommend withholding consent.

### **About Me (The Patient):**

Photo I.D. must be shown by the patient in person, at the time of submitting this form (except in very exceptional circumstances), to confirm that they are the patient submitting this form. This is important to demonstrate that this request is from the patient.

1. Patient's full name:
2. Patient's date of birth:
3. Patient's NHS Number (if known):
4. Patient's contact telephone number:

### **About Them (The Person Who Will Now Have Access):**

5. The name of the person I am giving access to (one form per person please):
6. Their relationship to me: e.g. Neighbour/Daughter/Friend
7. Is this person also registered as a patient at Springfields medical centre?      Yes / No
8. Their telephone number(s):
9. Would you also like them recorded on file as your next of kin and/or emergency contact:  
Yes / No



**What Can Be Shared with This Person:**

- To be given test results and immunisations.
- To be able to discuss questions about my medication or prescription requests
- To be able to ask details of my appointments – e.g., times and dates, to be able to cancel appointments and make appointments where necessary
- To be able to discuss any referrals that have been made on my behalf.
- Be able to see my medical record, be informed what I have been diagnosed with, and see my whole medical history.
- All of the above
- Other (please specify):

**Advisory:** Please note that if a request from a patient representative seems unusual or not covered by the guidelines above, we will always obtain the patient's consent before disclosing any information.

**Important Notice: No Medical History Provided Over the Phone**

Medical history details are never shared over the phone with anyone, including the patient. Please do not call Reception to request this information, as they are not authorised to provide it.

To access your records, please use the NHS app: <https://www.nhs.uk/nhs-app/>

If you require a printed copy of your medical records, a separate consent form is available from Reception.



**Signed and Authorised by Me, The Patient:**

Patient's Signature:

Date:

**Consent may be revoked at any time by putting this in writing to the Practice Manager.**

---

**Office Use: Reception Staff to Complete This Section**

Who handed form in:

What type of photo ID checked (for either the patient or their legal representative acting on their behalf):

Receptionist full name:

Date:

Added Read Code