

CONSENT FORM FOR ACCESS TO PATIENT RECORD

Patient's details (the person whose records/information another individual(s) is to be given access to):

Surname	
First names	
Date of Birth	
Address	
Telephone Number	

Details of person or 3rd Party to be given access to this patient's information:

Full Name or Name of 3 rd Party	
Address	
Relationship	

Please detail below with the above access to be limited in any way (e.g. only for results, or only for making and cancelling appointments or for a specific period only)

Details:

I confirm that I give permission for Wandsworth Medical Centre to communicate with the person/3rd Party identified above in regard to my medical records:

Print name	
Signature	
Date	

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Consent for children under 16 years old (Gillick competence):

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence) then he/she will be competent to give consent for him/herself.

Young people ages 16 and 17, and legally “competent” younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/her, someone with parental responsibility should do so on his/her behalf by signing this Consent Form below:

Signature:

Full Name:

Date:

Address (if not the same as patient):

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