

# Patient Consent for Specified Third Party

In accordance with the Data Protection Act, the practice requires written consent from any patient who is happy for us to share clinical information with a named third party. Please could you complete the following as appropriate.

***I give explicit consent for the practice to discuss any aspect of my medical treatment with the following third party:-***

(I understand that I am consenting to the whole of my health record being available to those named below and that I cannot be selective)

Name of Third Party.....

Relationship.....

Contact Details of third party.....

***I give explicit consent for the practice to discuss any aspect of my medical treatment with the following third party:-***

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***I give explicit consent for the practice to discuss any aspect of my medical treatment with the following third party:-***

(I understand that I am consenting to the whole of my health record being available to those named below and that I cannot be selective)

Name of Third Party.....

Relationship.....

Contact Details of third party.....

***This consent form will remain in force from the date written below until further notice of cancellation by me.***

Signed.....Date of Birth.....

Print Name.....Date.....