

Woodside Medical Practice

Consent to Share Confidential Information

The Data Protection Act 1988, GDRP 2018, Access to Medical Record Act and the ethical codes of conduct of all care professionals, require that medical data is treated confidentially at all times. We are not permitted to share any of your medical details with a third party without your consent.

If you wish to allow a third party access to or to discuss your medical history with the health care professional providing treatment, please complete the consent form below.

Patient Consent

I give consent to the sharing of my medical information as directed below.

(Patient) Full name:..... Date of birth:.....
(Patient) Address:.....

Third Party details to be shared with:

Full name:..... Date of birth:.....
Relationship to patient:..... Telephone no:.....
Address:.....

Please complete the below with regard to what information you wish to be shared

Type of information	Please tick
Medical history	
Medication	
Test results	
All the above	

Please tell us how long you consent to this data sharing for? For example is this just for a week, a short period of time or until further notice?

Patient Signature:..... Date:.....

Third Party Signature:..... Date:.....

Please note: If you no longer wish your nominated person to have access to your medical information, please inform the practice in writing. Once we have received your signed letter, we will remove the permission from your medical record.