Longfield Medical Centre

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Consent to Share Confidential Information with a Third Party

The Data Protection Act 2018 and the ethical codes of conduct of all health care professionals require that medical data be treated with great respect for confidentiality. We are not permitted to share any medical details with a third party without your consent.

Patient Details:

Full Name:			
Date of Birth:		NHS Number:	

I give consent to the sharing of my medical information with:

Full Name:			
Date of Birth:		Contact Tel No:	
Relationship to the Patient:			

What type of information can be shared?

All Yes ☐ No ☐ Test Results: Yes ☐ No ☐

Appointment Information: Yes ☐ No ☐ Medication: Yes ☐ No ☐

Other:_____

Please tell us if this consent is permanent or for a short period of time:

Permanent: Yes ☐ No ☐ Temporary: Yes ☐ No ☐

If temporary, please state: Start Date:_____ End Date:_____

Patient Signature:	
Date:	

Please note: - It is <u>your responsibility</u> to inform us if you change your mind and wish to remove your consent to share your medical information with the aforementioned person.