Montgomery-House Surgery
Piggy Lane, Bicester, OX26 6HT
Tel: 01869 249 222
www.montgomeryhousesurgery.co.uk

CONSENT TO PROVIDE ACCESS TO MEDICAL INFORMATION

This form is for patients who wish to provide access to their medical information to a 3rd party such as a carer, family member or close friend.

Patient Name	
DoB	……. / ……. / …….
Address	

I understand that although the Practice will apply a check of reasonable "need to know", it is not possible or practicable to delineate between all the various parts of my medical information. Therefore I understand I am consenting to allow the named person below to potentially access to **all** my medical information, and that this consent will continue until withdrawn by me with the Practice.

Name	
Address	
Phone	
Mobile	
Relation to Patient	

This person acts as my carer, and should therefore be noted as such on my medical notes.	**YES**	**NO**

I consent to this person to have online access to my medical information through *Patient Access*, (appointment booking, repeat prescriptions)	**YES**	**NO**

I consent to this person to have **extended** online access to my medical information through *Patient Access*, (test results and medical records)	**YES**	**NO**

Patient Signature …… Date ……

Please deliver to the Practice at the above address