



Victoria Medical Centre

Consent to Disclose Medical Information

We take patient confidentiality very seriously therefore we are unable to discuss any aspect of patient’s medical file with anyone other than the patient without consent.

If you wish to consent for someone else to be able to discuss your medical records with practice staff, please indicate below.

PLEASE NOTE: This form must be completed and signed by the patient giving permission for third party access to their medical records. Any incorrectly completed forms with not be processed.

Patient Name: _____ Patient D.O.B: _____

I hereby give permission for the surgery to discuss my medical records with following people:

Name	Date Of Birth	Relationship To Patient	Contact Number

Signed (By Patient): _____ Date: _____

By signing this form, you are agreeing to the person above having access to your full medical record. If you want to be more specific about the details they can access the please put this in writing with your preferences. Please tick the box to confirm you are happy for them to have full access to your medical records.

DISCLAIMER: Should your circumstances change; it is your responsibility to keep us informed. Please contact the surgery if you need to amend the details of who can access and discuss your medical record with us. Victoria Medical Centre / The Beacon Practice accept no responsibility for any subsequent consequences should these details not be kept up to date.