

Haygarth Doctors Third Party Consent Form

Please let us know if you would like another person (third party) to be able to speak on your behalf regarding your medical information. This could be to book or cancel an appointment, discuss blood test results or general information regarding your medical record

	Section 1 : Pati	ent Details
	First Name	
	Last Name	
	Date of Birth	
	Address	
	7 ta a. 000	
		Doct Code
		Post Code
	Telephone No.	
	E-mail	
	Section 2 : Thir	d Party Consent for Authorised Representative
	_	t to Haygarth Doctors staff/doctors releasing information to, and discussing dical records with the person named below:
	First Name	
	Last Name	
	Relationship to F	Patient
	Address	
	Address	
		Post Code
	Telephone No.	
Pag	ge 1/2	
	Section 3 : Stat	ement of Disclosure
	Please tick as a	opropriate
	I give per	opropriate mission for Haygarth Doctors to share the following information with the hird party) named in Section 2
	I give per person (t	mission for Haygarth Doctors to share the following information with the
	I give per person (t	rmission for Haygarth Doctors to share the following information with the hird party) named in Section 2
	I give per person (the property of the person of the perso	rmission for Haygarth Doctors to share the following information with the hird party) named in Section 2 from Option 1 or 2 d disclosure to the following aspects of my medical record:
	I give per person (the property of the person of the perso	rmission for Haygarth Doctors to share the following information with the hird party) named in Section 2 from Option 1 or 2 d disclosure to the following aspects of my medical record: nent information / prescriptions / medication
	I give per person (to Please choose for Option 1 Limited Appointm Test results Option 2 Full and I for	rmission for Haygarth Doctors to share the following information with the hird party) named in Section 2 from Option 1 or 2 d disclosure to the following aspects of my medical record: nent information / prescriptions / medication
	I give per person (to Please choose for Option 1 Limited Appointm Test results Option 2 Full and I for	rmission for Haygarth Doctors to share the following information with the hird party) named in Section 2 from Option 1 or 2 d disclosure to the following aspects of my medical record: nent information / prescriptions / medication alts ad open ended disclosure to my medical record s will allow access to all information held about you)
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	I give per person (to Please choose for Option 1 Limited Appointment Test results of the Indefinite Indefinite Indefinite Indefinite Inderstand that Haygarth Doctor	rmission for Haygarth Doctors to share the following information with the hird party) named in Section 2 from Option 1 or 2 d disclosure to the following aspects of my medical record: nent information / prescriptions / medication alts d open ended disclosure to my medical record s will allow access to all information held about you) cess: ly ited period only becify when this authority is valid until at I can withdraw consent about sharing information at any time by notifying as verbally or in writing

Form to be completed in full, signed and returned to The Medical Centre, Forest Road, Hay-on-Wye, HR3 5DS or The Medical Centre, Hay Road, Talgarth, LD3 0AW