



## 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 : Patient Details

First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Post Code	<input type="text"/>
Telephone No.	<input type="text"/>
E-mail	<input type="text"/>

### Section 2 : Third Party Consent for Authorised Representative

*I hereby consent to Haygarth Doctors staff/doctors releasing information to, and discussing my care and medical records with the person named below:*

First Name	<input type="text"/>
Last Name	<input type="text"/>
Relationship to Patient	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Post Code	<input type="text"/>
Telephone No.	<input type="text"/>

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### Section 3 : Statement of Disclosure

Please tick as appropriate

☐ I give permission for Haygarth Doctors to share the following information with the person (third party) named in Section 2

*Please choose from Option 1 or 2*

**Option 1** Limited disclosure to the following aspects of my medical record:

- ☐ Appointment information / prescriptions / medication
- ☐ Test results

**Option 2** Full and open ended disclosure to my medical record ☐  
(please note this will allow access to all information held about you)

Please allow access:

- ☐ Indefinitely
- ☐ For a limited period only  
Please specify when this authority is valid until \_\_\_\_\_

*I understand that I can withdraw consent about sharing information at any time by notifying Haygarth Doctors verbally or in writing*

*I confirm the information provided is accurate and that I am the patient completing this form*

Signature \_\_\_\_\_

Date \_\_\_\_\_

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