

**ST JOHNS HOUSE MEDICAL CENTRE - Consent to Share Information with a
Carer/Relative**

PATIENT DETAILS		CARER/RELATIVE DETAILS	
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
E-Mail		E-Mail	
Mobile		Mobile	
Date of Birth		Relationship to Patient	

I give permission for my relative/carer to have access to my medical records and personal details held by the Practice and for staff to discuss this with my relative/carer.

This permission relates to all / part of my records. (Delete as appropriate)
Where permission is restricted to part of the records only the areas included are:

Specific exclusions are:

I understand that this consent will remain in force indefinitely. However, my doctor may, at my request, override this authority to allow access to my medical records at any time.

Signed..... (Patient)

Date.....

I will treat any information provided confidentially , I will not disclose information to a third party without agreement and will only use the information in the person that I care for's best interest.

Signed..... (Carer/relative)

Date.....

Consent for children under 16 (Gillick Competence)

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has "sufficient understanding and intelligence to enable him/her to understand fully what is proposed" (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf.

PLEASE HAND FORM BACK TO MEDICAL REPORTS TO ACTION

