

LEIGH VIEW MEDICAL PRACTICE

Medical Report - Consent.

Consent: To prepare *a report* from my records for a 3rd party organisation

e.g. Solicitors, Police, Insurance firm, Employer, etc

Please note that a fee is usually payable for the preparation of medical reports. A guide to the prices are available from the Medical Secretaries at Leigh View Medical Practice, but these prices do depend entirely on the nature of the questions being asked of the GP.

1. Patient Full Name: _____ Date of Birth: _____

Contact telephone number of patient (during office hours): _____

I hereby consent to the disclosure of my private medical information to the following organisation:

2. Organisation name: _____

3. Purpose of / nature of request: _____

4. What do you wish them to be given information about:

Full and open ended disclosure of any information from my whole medical record

Full disclosure of my information from the time period

(From) _____ (To) _____

Limited disclosure of the following aspects of my medical record:

5. Signed and authorised by patient (or their legally authorised representative):

Patient Signature: _____

Date: _____

Patient ID seen: _____ by Receptionist/Secretary _____ Date: _____

or

Patient Representative Signature: _____

Date: _____

Full name of representative: _____

Representative's I.D. seen: _____ by Receptionist/Secretary _____ Date: _____

Representatives's authority seen:

o If patient is under 16, parental responsibility shown e.g Birth certificate _____

o IF patient is 16 and over, legal authority shown e.g. power of attorney _____

• Seen by Receptionist: _____ Date: _____

6. Once it is ready:

Do you wish to see the report before it is released by the practice? Yes / No

Do you consent to the report being posted out to the organisation using recorded delivery? Yes/ No.

(The cost of this will be applied to the invoice payable by the requesting organisation.)

o If it is not being posted out, what is the name of the person who will be collecting it from Leigh View Medical Practice Reception? _____

Notes:

Age of competent adults: For medical consent purposes, a child is deemed an adult at the age of 16. Therefore, if the patient is 16 or over and there is no other legal authority in place, then the patient will be assumed competent to request this themselves and must therefore sign this themselves.

Electronic copies: Leigh View Medical Practice cannot accept emailed or scanned on versions of this form due to data protection risks. Patient original signatures MUST be received and I.D. shown at the time of the signature.

Photographic proof of Identification is required at the time of requesting, collecting or viewing medical records.