LEIGH VIEW MEDICAL PRACTICE

Copy Records - Consent.

Consent: To prepare *a copy of* my records for a 3rd party organisation

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

Please note that this is usually free of charge for an individual providing it is not excessive or repeatative.
Copy record can be made available for collection at Reception in 30 days.
If you wish a 3rd party to be given a copy of your records, you must arrange for this to be collected by yourself (or by that organisation) from reception at Leigh View Medical Practice. Copies of record cannot be sent out in the post nor electronically due to data protection.

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

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

I hereby consent to the disclosure of a copy of my private medical record to the following organisation:

2. **Organisation name:** _____

3. **Purpose of / nature of request:** _____

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4. **What do you wish them to have copies of :**

☐ *Full and open ended disclosure of a full copy of my **whole medical record***

☐ *Full disclosure of my records for **the time period***

(From) _____ *(To)* _____

☐ *Limited disclosure of the following aspects of my medical record:*

_____

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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:*

- *If patient is under 16, parental responsibility shown e.g Birth certificate*_____
- *IF patient is 16 and over, legal authority shown e.g. power of attorney* _____
  - *Seen by Receptionist:*_____*Date:* _____

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6. **Once it is ready:**

☐ What is the name of the person who will be collecting this copy from Leigh View Medical Practice Reception?_____
(n.b. photo ID will be needed when they are collecting this)

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.*****