

269.

### Third Party Consent:

Swansea Medical Centre patient third party consent form is to ensure the all patient data is safely managed by our practice.

This requires our practice to ensure requests by a third party to collect any information, enquire about you and receive information, copies of letters or prescriptions on your behalf are consented by you and documented as below:

I (Name): \_\_\_\_\_ Dob: \_\_\_\_\_

Of(Address): \_\_\_\_\_

Give permission for the person/s named below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dob: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dob: \_\_\_\_\_

- To receive or make phone calls to my treating practitioners on my behalf
- To correspond with the reception staff, clinical staff and doctors of this practice on my behalf.
- To receive results on my behalf
- To book, cancel or change appointments on my behalf
- To access and request copies of my medical information

I am aware and understand the above person/s are able to make inquiries or act on my behalf for the items ticked above:

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Staff member witness by initials: \_\_\_\_\_

## Withdrawal of consent for Third party:

Withdrawal of third party consent can be made any time by the patient by filling in the below information:

I (Name): \_\_\_\_\_ Dob: \_\_\_\_\_

Of(Address): \_\_\_\_\_

Withdraw Or amend consent for the person/s named below to not have access to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- To receive or make phone calls to my treating practitioners on my behalf
- To correspond with the reception staff, clinical staff and doctors of this practice on my behalf.
- To receive results on my behalf
- To book, cancel or change appointments on my behalf
- To access and request copies of my medical information

I understand that the following changes will be updated and will be in effect once I have been notified by the practice of this update.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient signature: \_\_\_\_\_

I (staff member): \_\_\_\_\_ have contacted the above patient and informed them of the changes requested have now been updated

Notified by: \_\_\_\_\_ Date: \_\_\_\_\_