



Consent to Share Confidential Information with a Third Party

The Data Protection Act 2018 and the ethical codes of conduct of all health care professionals require that medical data be treated with great respect for confidentiality. We are not permitted to share any medical details with a third party without your consent

Patient Details:

Patient Name:

Date of Birth:

NHS Number:

I give consent to the sharing of my medical information with:

Full Name

DOB

Contact Telephone Number

Relationship to patient

What type of information can be shared:

All Yes No

Test Results Yes No

Appointment Information Yes No

Medications Yes No

Other:

Please tell us if this consent is permanent or for a short period of time:

Permanent Yes No

If no, please state - Start Date:

End Date:

Patient Signature

Date

Please note: - It is your responsibility to inform us if you change your mind and wish to remove your consent to share your medical information with the above mentioned person.