

# The Reddish Family Practices

## Patient Consent Form

For another person to access their medical records

Patients details (The person whose records another individual(s) is to be given access to)

<b>Surname</b>	<b>Date of birth</b>
<b>First name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email address</b>	
<b>Telephone number</b>	<b>Mobile number</b>

Details of the person to be given access to this Patients Information:

<b>Full Name</b>	
<b>Address</b>	

(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

Please detail below if the above access is to be limited in any way (e.g. only for tests results, or only making & cancelling appointments or for a specified time period only)

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I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records

<b>Signature</b>	
<b>Date</b>	

**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 by signing this Form below.

**I am the Patient / Parent / Guardian (delete as necessary).**

Signature: .....

Full Name: .....

Address (if not the same as patient):

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