

# WHITE MEDICAL GROUP

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## Consent form for another person to access your medical records

**This section should be completed by the patient. Complete all shaded areas**

I (please print your name)

Date of Birth:

Address:

Request that the  
following person:

Address:

Date of Birth:

Telephone number:

be given access to **all** of my Health Records including historical and future information.

Relationship of this person to myself  
(eg husband / wife, son / daughter)

**I understand that this means that the above person will be able to access all the  
medical and personal data that my GP holds about me**

Signature of  
patient:

Date:

WMG Staff: add to incoming post tray to scan. Post readers : Pass to GP to review and approve.  
Then code 9NdG - Consent given to share patient data with specified 3rd party Significant and Indefinite duration.  
Add free text: Third party name & DOB and T number.

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