

**CARER – PATIENT CONSENT FORM**

Agreement for a carer to have access to a patient's personal details

**PATIENT DETAILS**

Name		Date of Birth
Address		
Post Code	Telephone	
GP Surgery		

**CARER DETAILS**

Name	
Address	
Post Code	Telephone
GP Surgery	

I give permission for my carer to have access to my medical records and personal details held by the Practice. This permission relates to all / part of my records (Delete as appropriate)

Where permission is restricted to part of the records only, the areas included are:  
.....  
.....  
.....

**I understand that my doctor may override this authority at any time, and that this permission will remain in force until the end of .....  
(give a date or state medical condition/treatment, )  
Or until cancelled by me in writing (Delete as appropriate)**

**Signed.....(Patient) Date.....**

**I will treat the information confidentially, not disclose to a third party without agreement, and only use the information in the patient's best interest.**

**Signed .....(Carer) Date.....**