



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
Nature of illness/disability/condition requiring support from Carer:	

CARER DETAILS

Name	Date of Birth
Address	
Post Code	Telephone
GP Surgery (<i>if different to 'Cared For' Patient's GP Surgery</i>)	

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 untilor until cancelled by me in writing.

Signed.....(Cared For) 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.....