

3rd Party Authority to discuss Medical record with a nominated patient representative

My details

Full Name	
Date of Birth	
Address	
Telephone number	
Patient signature	
Date of signature	

I, give permission for Llanfyllin Group Practice to discuss/share my medical records with the following nominated representative/s:

Full Name	
Date of Birth	
Relationship to patient	
Address	
Telephone number	
Signature of Representative	

Full Name	
Date of Birth	
Relationship to patient	
Address	
Telephone number	
Signature of Representative	

The following can be discussed / shared with my nominated representative:

Full record	Appointments	Medication only	Results	Consultations	Referrals
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Other:.....