



PATIENT THIRD-PARTY CONSENT

Patients Name:	
Patients Telephone Number:	
Patients Address:	
<p>I fully consent to my Parsonage Surgery releasing information to, and discussing my care / medical records with the person named below.</p> <p>This authority is for an indefinite period [<input type="checkbox"/>] or for a limited period only [<input type="checkbox"/>] (<i>tick one</i>).</p> <p>Where a limited period applies, this authority is valid until (<i>insert date</i>).</p>	
Third Party Name:	
Third Party Telephone Number:	
Third Party Address:	
Signed: (Patient only)	Date:

Reception / Admin Use Only	
Coded with XaNwR & annotated:	
Added to Patient Home Screen:	
Staff Initials:	
Date Actioned:	
Scheduled Task set up with removal date applied (if applicable):	
PLEASE NOW SCAN & COMPLETE	

Last update – Sept 21