



**Patient Consent Form
for another person to access their medical record**

Patient's Details (The person whose records another individual(s) is to be given access to)	
Surname	
First Names	
Date of birth	
Address	
Tel No.	
NHS Number	

Details of person to be given access to this Patient's information	
Surname	
First Names	
Date of birth	
Address	
Tel No.	
Relation to Patient	

Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)

I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records.	
Signature	
Date	

Consent for children under 16 (Gillick Competence)

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then he/she will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

I am the Patient / Parent / Guardian (delete as necessary).	
Signature	
Date	
Address (if not the same as patient):	