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CONSENT FORM FOR ACCESS TO MEDICAL RECORDS

Discussing my health with someone else

The Limes Medical Centre frequently receives requests from patients asking for a representative to be given access rights to their medical record in order to make enquiries & seek medical information on the patient's behalf. Given the sensitivity of medical information it is essential that, as a practice, we are confident that consent has been given by the patient, that the patient is clear what information they are allowing to be released, and for how long this consent is given.

Once the consent form has been filled out, the patient must present this form **in person** with photographic ID (passport or driving licence) to reception for this to be activated.

For truly housebound patients a representative can bring in the form with the photographic ID, following which a member of the administrative staff will contact the patient by telephone to confirm that the request is authentic.

If the patient lacks capacity to consent, for instance if the patient has marked dementia, we will require a copy of a legal document (usually the Lasting Power of Attorney for Health & Care Decisions) to demonstrate that the individual has the authority to be added to a patient's record.

This consent process will be rolled out to include patients who have previously given consent so that we have an up to date record of our patients' wishes.

For patients aged 14 and 15 years old: online access is only allowed to parents/guardians for ordering medication and booking appointments. We are unable to provide online access to their medical information. Any request for paper medical records will need to be sent in writing. All online access will automatically be revoked on their 16th birthday. If the patient wishes parental/guardian access to continue at this point a consent form needs to be submitted.

Consent form attached.

MEDICAL RECORD CONSENT FORM

Please complete this form if you wish to grant a representative the ability to communicate with us about you and your health.

Completing this form will enable the person of your choice to gain access to information about you and your medical problems, talk to us about your care, and give and receive information about you.

Giving consent for someone else to communicate with us about you and your medical problems is a very significant step and you should give it serious consideration. You need to consider what they might learn about you and your health, both current and historic, that you do not or may not want them to know.

By completing this form, you are advising that you have fully considered the ramifications of giving that consent. If you are unsure about giving consent, we advise that you do not give it and that you seek legal advice before proceeding.

About me (the patient):

Photo ID must be shown by the patient in person, at the time of submitting this form (except for truly housebound patients). This is important to demonstrate that this request is from the patient.

1. Patient's Full Name: _____
2. Patient's Date of Birth: _____
3. Patient's NHS Number (if known): _____
4. Patient's contact telephone number: _____

About the person who will now have access:

5. Name of the person I am giving access to (*one form per person*): _____
6. Their relationship to me: *e.g. Neighbour/Daughter / Friend* _____
7. Is this person also registered as a patient at The Limes themselves? Yes / No
8. Their telephone number(s): _____
9. Would you also like them recording on file as your emergency contact: Yes / No

What can be shared with this person:

- To be given test results and immunisations.
- To be able to discuss questions about my medication or prescription requests.
- To be able to ask details of my appointments – e.g. times and dates, cancel and make appointments where necessary.
- To be able to discuss any referrals that have been made on my behalf.
- To be able to see my medical record, be informed what I have been diagnosed with, and see my whole medical history.
- All the above.**
- To be able to access the chosen options online or through the NHS App (*both patient and representative must be registered with the same practice*)

Duration of Consent (to be completed if over 16 years old):

- 6 months
- 1 year
- Indefinitely
- Other: _____

Signed and authorised by me, the patient:

Patient's Signature: _____ Date: _____

You can change your mind!

Consent may be revoked by the patient at any time, by putting this in writing to the Practice.

This extra section only applies if a patient is not capable to consent:

If a patient is incapable of giving consent, this form can be signed (above) on their behalf by someone else, providing that this representative has a legal "Lasting Power of Attorney (LPA for Health and Care Decisions" or other legal document confirming this authority and leave a copy of such legal document with the form (please never leave original copies).

Full name, address and phone number of representative who has signed this on behalf of the patient.

Patient representative full name: _____ Date of birth: _____

Address: _____

Contact number _____

Office Use: Reception staff to complete

Who handed form in:

Patient?

Patient representative?

What type of photo ID checked (for either the patient or their legal representative acting on their behalf):

Passport

Driving Licence

Other, please specify:

If this was not the patient, what proof of legal authority has also been shown?:

Lasting Power of Attorney **for Health and Welfare**
and care decisions"

Court Appointed Deputy

Legal authority e.g. "LPA for health

SPECIFY HERE: _____

Scanned copy of any official legal documentation shown, e.g. power of attorney must always be taken and added to the medical record in case of any future queries.

I know that this form has been fully completed and will be passed to scanning for them to action.

Receptionist full name: _____ / Date: _____