

# PATIENT CONSENT FORM

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## Consent form for access to patient records (Releasing health records General Data Protection Regulation 2018)

Patient's details (the person whose records/information another individual(s) is to be given access to):

Surname	
First names	
Date of Birth	
Male/Female	
Address	
Telephone Number	

Details of person to be given access to this patient's information: (if more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

Full Name	
Address	
Relationship	

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

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I confirm that I give permission for Wandsworth Medical Centre to communicate with the person identified above in regards to my medical records:

Signature	
Date	

Consent for children under 16 years old (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 ages 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/her, someone with parental responsibility should do so on his/her behalf by signing this Consent Form below:

Signature: .....

Full Name: .....

Date: .....

Address (if not the same as patient):

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