

ALTRINCHAM MEDICAL PRACTICE

Patient Consent Form for 3rd Party Access to Records - Annex G

For a person other than the patient to access their medical records

(1) Details of the subject whose records will be accessed	
Surname	
Forenames	
Date of Birth	
Gender	
Address	
Telephone Number	

I, as the data subject, herewith give my explicit consent to the person detailed below to access information pertaining to myself held by Altrincham Medical Practice, as the Data Controller, within the parameters and dates specified.

(2) Details of the person to be given access to data	
Full Name	
Address	
Telephone number	

(3) Please detail the purpose of the access, if applicable, and any limitations of information (e.g. appointment booking / cancellation, test results, claim investigation, complaint)ⁱ

(4) Please detail the specific time period requested pertaining to the requestⁱⁱ

(5) I confirm that I give explicit consent for Altrincham Medical Practice to communicate and share data pertaining to myself, the subject, with the person identified in part 2 of this form within the restrictions given in part 3 and 4 of this form.

Signature	
Date	

ⁱ Delay in responding to direct or third party Subject Access Requests may occur if explicit consent is not specified; providing total access to the subject's data to a third party within the restraints of current legislation can be intrusive.

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