WESTERN ROAD MEDICAL CENTRE

99 Western Road Romford RM1 3LS

Tel: 01708 775300 Fax 01708 737936

Dr. D. J. Bass Dr. N. Leigh-Collyer Dr. S.L. Bond

Dr. K. Haskell Dr. I. G. Quigley Dr. A. Dhairyawan Dr. S. Awan

www.westernroad.co.uk

AGREEMENT FOR A CARER TO HAVE ACCESS TO A PATIENT'S PERSONAL DETAILS and/or COPIES OF CORRESPONDENCE

PATIENT'S NAME: DATE OF BIRTH:	CARER'S NAME:

PATIENT'S ADDRESS AND TEL NO:	**PATIENT'S ADDRESS AND TEL NO:**

To: Dr Bass and Partners

I give permission for my Carer …… to have access to my medical records and personal details held by the Practice.

This permission relates to all / part of my record / specific condition only.
*(*delete as appropriate*).

Where the permission is restricted to part of the record only, please specify below the precise limits of this permission, and any areas of the record, which are excluded.

I understand that the doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.

I consent to my Carer receiving copies of all correspondence relating to my treatment necessary. I confirm that this has been explained to me by my GP and that the GP ha sole discretion to withhold all or any copies.

Signed (Patient)

Date

Accepted by (Doctor)

Date

, if
as