

## Brampton Medical Practice

### Agreement by a Patient to allow a Carer to have access to their Personal Details and / or Copies of Correspondence.

<b>Patient's Name</b>	
<b>Patient's Address &amp; Post Code</b>	

To: Brampton Medical Practice

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

**Delete those which are NOT applicable:**

*This permission relates to all my records.*

*The permission relates to part of my records.*

Please specify the parts of the record to which access is allowed and any areas which are specifically excluded.

*This permission relates to a specific condition.*

Please specify the condition.

*The permission relates to my Carer receiving copies of all correspondence relating to my treatment.*

I confirm that my GP has explained this to me and has sole discretion to withhold any or all copies.

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

I consent to my Carer receiving copies of all correspondence relating to my treatment (delete if not applicable). I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold all or any copies.

Signed Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by Doctor: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

Records Updated	
Copy filed in notes	