

3rd PARTY CONSENT TO DISCLOSE CONFIDENTIAL MEDICAL INFORMATION – OVER 70'S ONLY



The Ridings
Medical Group
Caring for our community

Sometimes we receive requests from people (such as relatives, partners, etc) who wish to deal with medical matters on behalf of the person who is our patient. Whilst these are almost universally motivated by good intentions and in the best interests of the patient concerned, they pose a medicolegal problem for the practice.

We are required by law (with only a few very specific exceptions) to maintain the confidentiality of our patient's medical record. This can cause the people trying to act on behalf of the patient to think that we are being obstructive, but that is not the case.

The General Medical Council take seriously breaches of confidentiality and there are also potential legal sanctions for unjustified breaches of confidence. We therefore must be certain that the patient gives their consent for us to interact with others on their behalf and we make no apology for ensuring that we have this consent before doing so, however urgent the other person might consider their request.

If you are the patient, you must give very serious consideration to the ramifications of giving your consent for someone else to interact with us on your behalf. There have been cases elsewhere when, for example, parents have discovered things about their adult child's medical history which the son or daughter never wanted their parents to know. Obvious examples include sexually transmitted infections or contraceptive choices.

PATIENT MUST RETURN THE FORM THEMSELVES ALONG WITH A FORM OF ID

We will only interact with people other than the patient concerned when:

- we possess signed and witnessed consent from over 70's only
- the patient specifies exactly what they wish to be discussed
- the consent is contemporaneous (i.e. relates to a very recent or current matter that has not ended and is not a new episode of previous illness)

Please note, we retain the right to reject any application to give consent to a third-party, where we consider it given wrongfully, under duress or inappropriate in any other way.

Name: _____ Date of Birth: _____

Address: _____

I hereby consent to the disclosure of my private medical information to:

Name: _____ Date of Birth: _____

Relationship: _____ Tel No: _____

Address: _____

Please tick the statement/s applicable:

Please note, the third-party consent form is NOT designed to be used for giving consent for matters such as reports, forms, insurance application data releases etc., nor to make decisions on the clinical management of your health.

Full disclosure of any matter related to my medical record for the period (please enter dates below). Default will be a maximum of 12 month unless otherwise specified.

Limited disclosure of the following aspects of my medical record:

Test Results

Appointment queries

Prescription queries

Referral queries

Any other matter related to my medical record, please state:

I am aware that this consent may be revoked by me at any time, in writing to the Practice Manager.

The validity of any consent may not last for more than 1 year, even for an on-going matter. It is the patient's responsibility to renew this consent in a year's time.

Signature: _____ Date: _____

Witnessed by (not the individual for whom consent is being granted):

Signature: _____ Date: _____

Address: _____

Administration Only

<p>Patient present:- Reception checked ID <input type="checkbox"/> Reception confirmed identity <input type="checkbox"/> Patient not present – Reception to ring and obtain Verbal Consent from Patient <input type="checkbox"/></p>	<p>Reminder added to front Screen <input type="checkbox"/></p>	<p>Code added on blue star <input type="checkbox"/></p>	<p>Admin scan into patient record <input type="checkbox"/></p>
---	--	---	--