

Church Street Practice Patient Consent Form

To authorise another person to receive medical information on your behalf

(Please bring this form to the practice with some form of identification bearing your signature.)

Patient's Details (The person whose records another individual(s) is to be given access to)	
Full Name	
Date of Birth	
Address	
Telephone Number	

Details of person to be given access to this Patient's information	
Full Name	
Address	

(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)

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

I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records.	
Signature	
Date	

Consent for children under 16 (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 s/he will be competent to give consent for him/herself.

Young people aged 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/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

I, *(enter full name)*am the Patient/Parent/Guardian *(delete as necessary)*

Signature:

Address *(if not the same as patient)*.....

Telephone Number.....

All patients can expect that their personal information will not be disclosed without their permission except in the most exceptional of circumstances when it may be necessary to share information even though the individual has not consented. Information can be shared without the consent of the person whom the information is about when:

- It is in the public interest to do so e.g. where a child or anyone else is believed to be at risk of harm, and
- It is required by law e.g. notification of certain infectious diseases and information required by a Court Order.

Church Street Practice Staff Confidentiality Agreement

To demonstrate our commitment to maintaining patient confidentiality, all members of staff sign the Practice Confidentiality Agreement which states:

“I understand that all information about patients held by this practice is strictly confidential, from the most sensitive diagnosis, to the fact of having visited the surgery or being registered at the practice.

I also understand that the duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.

I have read and understood the practice’s Confidentiality policy and agree to be bound by its terms.

I will not disclose personal information learnt in the course of my employment to anybody outside the practice. If I feel disclosure is necessary in the interests of a patient, his or her family, or the public, I will inform the patient beforehand, unless to do so would be dangerous for the patient or others.

I have received information and training on this matter and understand that a breach of this obligation may result in my dismissal.”

Patient Responsibility

We ask you to understand that we are protecting the patient’s confidentiality if we refuse to give you any information about another person. If you want us to be able to give information to a relative, friend or carer please send us a written instruction or complete the form overleaf. You may authorise us to give your appointed representatives any medical information that they request or limit this to any particular area e.g. test results, as you wish.

Church Street Practice

Authority for the Practice to share your medical information with a nominated person

Patients’ Right to Confidentiality

Patients have a right to expect that information about them will be held in confidence by their doctors and all practice staff. Confidentiality is central to trust between doctors and patients. Without assurances about confidentiality, patients may be reluctant to give doctors the information they need in order to provide good care.

The duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.

Confidentiality is the cornerstone of health care and central to the work of everyone working in general practice. All information about patients is confidential, from the most sensitive diagnosis, to the fact of having visited the surgery or being registered at the practice.

All members of the Church Street Practice take patient confidentiality very seriously.