The Downland Practice

Consent for disclosure of your medical information

Patient confidentiality applies to patients of all ages. Patients of all ages can choose to see a medical professional without telling anyone else.

It is common for patients **under 16** to involve their parent/guardian in their care and treatment. However, we understand there may be occasions on which you don't want your parent/guardian involved. If you are under 16 and do not wish for your parent/guardian to manage your appointments, talk to us about you, or be made aware of any specific treatment you are having, please let us know or speak to your doctor.

If you are **over 16**, the law assumes (unless there is evidence to suggest otherwise) that you are competent to consent to your own treatment in most cases. As such, we will not discuss your care with anyone else unless you consent for us to do so. If you would like to give a named individual consent to discuss your records with us, manage your appointments, and/or interpret during appointments for you, please complete the below and return it to the practice. This is entirely voluntary, and you can change your mind at any time.

There are some recognised occasions on which medical professionals may be required to disclose your information, regardless of your age. For more information, please see https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/disclosures-for-the-protection-of-patients-and-others

Further information

All ages: www.nhs.uk/conditions/consent-to-treatment/

Young people (18 and under): www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-8-gillick-competency-fraser-guidelines

1.Patient's details			
Patient Full Name		Date of Birth	
Patient Address & Postcode			
2. Details of person your full records can be shared with			
Full name		Relationship to patient	
Contact number		Email Address	
3. Please detail below if the access is to be limited in any way. E.g. only for test results, or only for appointment booking, only for a limited time period			
I confirm that I give permission for The Downland Practice to communicate with the person identified on this form relating to my full medical records unless otherwise stated in section 3 above.			
Signature		Date	