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INFORMATION SHARING AGREEMENT BETWEEN PATIENT AND CARER

By completing this form, the patient gives consent for their Carer to access their Medical Records and information relating to their care.

Patient's Name

Patient's D.O.B.

Patient's Address

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.
Signed _____

Date :