Jubilee Medical Group

Patient Consent Form
for another person to access their medical records

Patient's Details (The person whose records another individual(s) is to be given access to)	
Surname	
First Names	
Date of Birth	
Male / Female	
Address	
Tel No.	

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	

Childrens' Medical Records

Consent for children under 13 (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 am the Patient / Parent / Guardian (delete as necessary).

Signature:
………..…..

Full Name: ……………………………………………………………………………………………………..…………. ……....

Address (if not the same as patient):

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For practice use only

Date form received…………………………………..

Entered onto practice log………………………….

Date of completion (within one month of receipt)…………………………………………..

(unless an extension has been applied and parties notified)