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[www.Thornburymc.co.uk](http://www.Thornburymc.co.uk)

**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)**

First Name:

Surname:

Date of Birth:

Male / Female:

Address:

Tel No:

**Details of person to be given access to this Patient's information**

Full Name:

Address:

Date of Birth:

(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)

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

**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 or anything else)**

**Consent for:**

Signature:

Date:

