

## Consent Form

Information is accessed on a 'need to know' basis in order to provide medical services.

This arrangement will remain in force until you advise us in writing that you wish to change it.

### Consent to telephone communication

Occasionally it may be necessary for the surgery to contact you by telephone. For example to change an appointment you have or pass on a message from the doctor. If you are not available to take the call you would consent for us to leave a message with a third party or on an answer phone system asking you to ring the surgery back. **No medical information would be left or disclosed.**

**Please tick as appropriate and sign and date below;**

I consent to answer phone messages:  I do not consent to answer phone messages:

Name.....Signature.....Date.....

### Emergency contacts and sharing information

We need a written request from you to allow anyone to have access to any of your medical information, this includes spouse/partner, children and parents. Please advise if consent has been given previously to other individuals - this is still valid.   
If not please provide details of persons requiring removal.

**Please tick as appropriate and sign and date below;**

I **DO NOT GIVE** my permission for access to my medical information:   
I **DO GIVE** my permission for access to my medical information to the person detailed below:

Name.....Relationship.....

Contact details.....

Your signature.....Date.....

Would you like this person to be your emergency contact/next of kin?    Yes                       No

**If no; please specify a different emergency contact:**

Name.....Relationship.....

Contact details.....

Your signature.....Date.....

### Consent to text message appointment reminders and prescription collection

I **DO GIVE** my permission for my mobile phone number to be used for text messaging   
I **DO NOT GIVE** my permission for my mobile phone number to be used for text messaging   
I **DO Give** my permission for third parties to collect prescriptions from the surgery

Your signature..... Date.....

## ACCESSIBLE INFORMATION STANDARD

For most of us our preferred method of contact is a telephone call to our home number or mobile number but, for example, if you suffer from hard of hearing or blindness that method may not be suitable for you. If you, or someone you are caring for, would prefer us to make contact in another way, please indicate your preference below. We will then record your preference by highlighting it on your medical records.

Do you have an impairment and would prefer practice communications via a specific method?

YES

NO

*(Admin: codeEMISNQAS37)*

If YES, please give details of your impairment below and your preferred method of communication:

*(Admin: please code using template)*