

The Chipping Surgery

A **carer** is someone of any age who provides **unpaid support** to family or friends who could not manage without this help. This could be looking after their partner, child, family member or friend who is ill, frail, disabled or has mental health, or substance misuse problems.

Agreement by a patient to allow their carer to have access to their Personal Details and / or Copies of Correspondence.

Patient's Name:			
Patient's Address:		Postcode	
Telephone number:			

To: The Chipping Surgery,

I give permission for my carer, *(insert name)* _____, to have access to my personal details and medical records held by the Practice.

Please indicate the permission below:

<i>This permission relates to all my records.</i>	Yes / No
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<i>The permission relates to part of my records.</i>	Yes / No
Please specify the parts of the record to which access is allowed and any areas which are specifically excluded.	

<i>This permission relates to a specific condition.</i>	Yes / No
Please specify the condition.	

<i>The permission relates to my carer receiving copies of all correspondence relating to my treatment.</i>	Yes / No
I confirm that my GP has explained this to me and has sole discretion to withhold any or all copies.	

I understand that this permission will remain in force until cancelled by me in writing and that the doctor may override this authority at any time.

I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold all or any copies of correspondence.

Signed Patient: _____ Date: _____

Accepted by Doctor: _____ Date: _____

Doctor's Name: _____