

Nettleham Medical Practice

14 Lodge Lane, Nettleham, Lincoln, LN2 2RS

Tel: 01522 751717

www.nettlehammedical.co.uk

PATIENT CONSENT FORM

(Including Telephone Message, SMS & Email)

At the practice we take patient confidentiality very seriously and endeavour to preserve your confidentiality on all occasions. This form covers a number of areas that you may wish to complete as follows:

ACCESS TO YOUR RECORDS

There are times when you may decide to give authorisation to another person (e.g. a family member, carer etc) to access your medical records and, in order to allow this access we need to have your written consent on record. **Please note that once authorisation for another person to access your records is given, the individual will be able to see the whole of your medical records.**

TELEPHONE CONTACT

There are also times when we may need to contact you by telephone and it would be helpful if we were able to leave a message on your home answer machine, mobile phone voicemail or with a member of your household. In order for us to do this we may need your written consent. If you wish us to be able to leave messages for you, please complete the statements below by signing to give consent for each specific option.

TEXT CONTACT

We are also now able to text patients. If you would like to be set up for SMS messaging, please complete the consent section overleaf.

EMAIL CONTACT

We are also now able to Email patients. If you would like to be set up for Email messaging, please complete the consent section overleaf.

TEST RESULTS

We also recognise that there are times when you may wish for a named person to be given your test results. In order for us to do this, please complete the relevant statement on the reverse of this form.

Your Full Name	
Date of Birth	
Address	

Partners

Dr Sally Waller

Dr Mark Protheroe

Dr Catherine McParland

Dr David Sheehan

Dr Philip Williams

Associate GPs

Dr Maiella Apudo

Dr Donna Scott

Dr Nicola Porter

Dr Chinedu Okafor

Dr Sidra Maqsood

Dr Julian Wei Ren Phang



I understand that this consent will remain in place indefinitely and that it is my responsibility to inform the practice should I withdraw consent or make any changes, including changes in my mobile/home telephone number.

ACCESS TO YOUR RECORDS

I HEREBY **GIVE/WITHDRAW*** MY PERMISSION FOR THE NAMED INDIVIDUAL BELOW TO BE GIVEN ACCESS TO MY MEDICAL RECORDS BY NETTLEHAM MEDICAL PRACTICE.

Name of Individual _____ Relationship _____

Signed _____ Date _____

TELEPHONE CONTACT

I HEREBY **GIVE/WITHDRAW*** MY PERMISSION FOR NETTLEHAM MEDICAL PRACTICE TO LEAVE A MESSAGE WITH:

Name of Individual _____ Relationship _____

Contact details if different from your own _____

Signed _____ Date _____

I HEREBY **GIVE/WITHDRAW*** MY PERMISSION FOR NETTLEHAM MEDICAL PRACTICE TO LEAVE A MESSAGE ON MY ANSWERING MACHINE.

Signed _____ Date _____

Number(s) for answering machine or mobile _____

TEXT CONTACT (SMS MESSAGING)

I HEREBY **GIVE/WITHDRAW*** MY PERMISSION FOR NETTLEHAM MEDICAL PRACTICE TO SEND ME A TEXT MESSAGE ON MY MOBILE PHONE.

Mobile Number _____

Signed _____ Date _____

EMAIL CONTACT

I HEREBY **GIVE/WITHDRAW*** MY PERMISSION FOR NETTLEHAM MEDICAL PRACTICE TO SEND ME AN EMAIL.

Email Address _____

Signed _____ Date _____

TEST RESULTS

I HEREBY **GIVE/WITHDRAW*** MY PERMISSION FOR THE NAMED INDIVIDUAL BELOW TO BE GIVEN MY MEDICAL RESULTS BY NETTLEHAM MEDICAL PRACTICE.

Name of Individual _____ Relationship _____

Signed _____ Date _____

**delete whichever does not apply*

Signed _____ Date _____

Correct and up to date information helps us to care for you better.

The practice's fair processing notice is available on the practice website www.nettlehammedical.co.uk which contains further information on how we use, store and share your information.