

# Skegby Family Medical Centre

## Third Party Consent Form

This form is to allow consent for a third party to speak on your behalf in regards to your medical information. Please bring with you a form of photographic ID (eg. Passport, Drivers License) so that we can confirm your identity.

I ..... allow .....  
to speak on my behalf about my medical care.

I would like this to include (please tick):

- Making appointments
- Speaking regarding test results
- Referrals
- Collection of prescriptions

I understand that this will allow (third party name) ..... access to information about all aspects of my medical care.

I understand that I can retract this at any time by contacting the practice in writing

Patient name .....

Patient date of birth .....

Patient signature.....

Date.....

Third party name .....

Third party date of birth .....

Third party signature .....

Relationship to patient .....

Date .....