

DRONFIELD MEDICAL PRACTICE

CONSENT TO ACCESS CLINICAL RECORD

If you are making a proxy access application to access the medical records of a child, we will need to see evidence of parental responsibility.

If you are the patient, please fill in sections 1 and 3.

If you are making a complaint on behalf of a patient, please fill in sections 2 and 4

Section 1

The Patient - (This is the person whose records are being accessed)

Surname	Date of Birth
First name	
Address	GP Name
Postcode	
NHS number if known	
Telephone number	Mobile number

Section 2

The Complainant - (This is the person who is making a complaint on behalf of a patient)

Surname	First name
Address	
Postcode	
Email address	
Telephone number	Mobile number
Preferred method of contact	

Section 3

The Patient - (This is the person whose records are being accessed)

I, (name of patient), give permission to my GP practice to give the following people (name of complainant) information relating to my clinical care for the purpose of dispute resolution. I understand the risks of allowing someone else to have access to my information contained within my health records.

Signature of patient	Date
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Section 4

The Complainant - (This is the person who is making a complaint on behalf of a patient)

I/we (name of complainant) understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

1. I/we agree that I will treat the patient information as confidential	
2. I/we will be responsible for the security of the information that is included within any correspondence regarding this complaint.	
Signature of complainant	
Date	

Thank you for bringing your concerns to the practice's attention. You will be sent an acknowledgement of your complaint within three days and we endeavour to respond to complaints in a timely and efficient manner.