Due to the laws of patient confidentiality, Waterside Medical Practice team are only permitted to discuss a patient’s medical record and give test results to the patient and not a family member or friend. We are also not permitted to leave messages on telephone answering machines or to discuss any medical issues you may have with referrals or hospital situations.

If you would like to give permission for a family member or friend to call for your test results, or discuss your medical record we need written confirmation on your medical record.

Please be aware if situations change within relationships, it is the patient’s responsibility to inform the practice so that we can make amendments to your records.

Please complete the details below to ensure we have a clear record of your wishes.

* ***Permission to share clinical data***

I (print name) ………………………………………………………………………………………………………………

Hereby give permission for the named below to *(please tick):*

 Discuss my medical record

 Discuss test results

(Name)…………………………………………………………………………………………………………………

(Name)…………………………………………………………………………………………………………………

* ***Permission to leave messages on answering machine***

I (print name) ………………………………………………………………………………………….

Have no objection to messages being left on my home answering machine or mobile phone by members of staff at Waterside Medical Practice.

*Patient Signature:* …………………………………………………………………………………………..

*Date:* …………………………………………………………………………………………….