

# SHAY LANE MEDICAL CENTRE

## Patient Consent Form

For a person other than the patient to access their medical records

<b>(1) Details of the subject whose records will be accessed</b>	
Surname	
Forenames	
Date of Birth	
Gender	
Address	
Telephone Number	

I, as the data subject, herewith give my explicit consent to the person detailed below to access information pertaining to myself held by Shay Lane Medical centre, as the Data Controller, within the parameters and dates specified.

<b>(2) Details of the person to be given access to data</b>	
Full Name	
Address	
Telephone number	

<b>(3) Please detail the purpose of the access, if applicable, and any limitations of information (e.g. appointment booking / cancellation, test results, claim investigation, complaint)<sup>i</sup></b>

<b>(4) Please detail the specific time period requested pertaining to the request<sup>ii</sup></b>

**(5) I confirm that I give explicit consent for Shay Lane Medical Centre to communicate and share data pertaining to myself, the subject, with the person identified in part 2 of this form within the restrictions given in part 3 and 4 of this form.**

Signature	
Date	

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<sup>i</sup> Delay in responding to direct or third party Subject Access Requests may occur if explicit consent is not specified; providing total access to the subject's data to a third party within the restraints of current legislation can be intrusive.

<sup>ii</sup> Delay in responding to direct or third party Subject Access Requests may occur if explicit consent period is not provided; providing total access to the subject's data to a third party within the restraints of current legislation can be intrusive.

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**FOR STAFF USE ONLY**

**ID Verification:** \_\_\_\_\_ (Type and Initials)

**Patient Access: YES / NO | SAR facilitated through Patient Access YES / NO**

**Date Request Received:** \_\_\_\_\_

**EMIS NUMBER:** \_\_\_\_\_

(1)	Staff Handling	Date	By	Duration <sup>ii</sup>
	File Collation			
	File Redaction			
	Redaction Review			
	File Encryption			
	File Dispatch			
	Practice Data Subjects Rights Notes for the Subject Annex I App 3 Given			
	File Name (PDF)			

**STAFF NOTES / DIARY ENTRIES**