**Consent to Share Confidential Information with a Third Party**

The Data Protection Act 2018 and the ethical codes of conduct of all health care professionals require that medical data be treated with great respect for confidentiality. Trust staff are therefore not permitted to share any medical details with a third party without your consent. Please complete this form if you would like us to share your medical data with a relative, carer or friend and either email: [gwh.healthrecordssupervisors@nhs.net](mailto:gwh.healthrecordssupervisors@nhs.net) or send by post to Health Records Dept, at the above address.

**Patient’s Details:**

Patient Name:

Date of Birth:

NHS Number:

Hospital Number**:**

**I give consent to the sharing of my medical information with:**

Full Name:

Date of Birth:

Contact telephone number:

Relationship to patient:

**What type of information can be shared (delete as appropriate)**:

All Yes No

Test Results Yes No

Appointment information Yes No

Medications Yes No

Other (please specify):

**Please tell us if this consent is permanent or for a short period of time:**

Permanent: Yes No

If no, please state – **Start date**: **End date**:

**Patient’s signature:**

**Date:**

***Please note: -***

* The completed form will be scanned into the electronic patient record held by the Trust.
* It is your responsibility to inform us if you change your mind and wish to remove your consent to share your medical information with the above-mentioned person.