

Signed Patient Authority For Carer

(to be given information on behalf of patient)

I/We give signed authority for the person named below to act on my/our behalf in dealing with my/our general practice.

We therefore give our authority for our Carer to be given details of prescribed medication & side effects/test results/consultation details, etc as these relate to my/our day to day care. I/We understand that this is not access to our full medical records.

The GP retains the right to refuse to share such information as would not be in the best interest of the patient to disclose.

Name of Carer.....
 Relationship to carer.....
 Address.....

 Tel No:.....

Patient(s) Details:

(Patient signature must be obtained unless agreed with GP)

Name.....D.O.B.....

Address.....

Name.....D.O.B.....

Address.....

Patient Signature(s)

.....

Are you looking after a relative or friend? Then you are ‘a carer’

In order that your GP can do all he can to help, it is important that he is aware of your status as a Carer. It would be helpful, therefore, if you could provide the information requested below. This form should be completed by the main Carer only.

Carers name.....
 D.O.B.....
 Address.....

 Tel No:.....
 Your relationship to the person you are a Carer for.....

Please give the name of the person/people that you are caring for:

Name.....D.O.B.....

Address.....

Name.....D.O.B.....

Address.....

The Practice may be unable to share clinical information with Carers without the written consent of the patient concerned. It is very important that you complete and obtain signatures on the forms marked “Carer 2” so that the GP understands you are acting on their behalf.

The GP retains the right to refuse access to information if he feels it is not in the best interest of the patient to share such details. If the patient is unable to give signed authority legal advice may need to be sought.

This form does not replace the need for Power of Attorney or Court of Protection rights.

If your circumstances alter it is your responsibility to inform the Practice(s) concerned. Please hand your completed form to the receptionist. If those that you care for are registered at a different surgery – please take the consent form (Carer 2) to that surgery