

Herts & Essex Hospital, Cavell Drive, Haymeads Lane Bishops Stortford, Hertfordshire, CM23 5JH. Tel: 01279 594450

PATIENT THIRD-PARTY CONSENT

Patients Name:	
Patients Telephone Number:	
Patient Date of Birth:	
Patients Address:	
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I fully consent to my Helix Medical Centre releasing information and discussing my care / medical records with the person named below.	
This authority is for an indefinite pe	riod [] or for a limited period only [] (tick one)
Where a limited period applies, this	authority is valid until (insert date)
Third Party Name:	
Third Party Telephone Number:	
Third Party Address:	
Signed:	Date:
(Patient only)	
Reception / Admin Use Only	

Reception / Admin Use Only	
Coded with XaNwR & annotated:	
Added to Patient Home Screen:	
Staff Initials:	
Date Actioned:	
Scheduled Task set up with removal date applied (if applicable:	
PLEASE NOW SCAN & COMPLETE	