
Gresleydale Healthcare Centre

Patient Consent Form: Authorising Access to Medical Records

Patient Details

(This section refers to the individual whose records are being accessed)

- **Full Name:**
 - **Date of Birth:**
 - **Address:**
 - **Telephone Number:**
-

Details of the Person Being Granted Access

(This section refers to the individual who will be authorised to access the patient's records)

- **Full Name:**
 - **Address:**
 - **Relationship to Patient:**
 - **Contact Telephone Number:**
-

Access Level Options

Please read the descriptions below and select the appropriate level of access by ticking the relevant box.

☐ **Level 1 – Basic Access**

Recommended for spouses, partners, or parents acting on behalf of adult children. This level permits the authorised person to:

- Book, check, and modify appointments
- Confirm if a prescription is ready and what has been prescribed
- Check if a test result has been received (but not the actual result)

Note: This level **does not** allow access to information regarding medical conditions.

☐ **Level 2 – Enhanced Access**

Suitable for patients who receive regular support from carers. This level grants full access to all medical information. The authorised person may:

- Speak on the patient's behalf
- Liaise directly with the surgery when necessary

Definition of a carer: A person who provides daily care to a vulnerable individual, receives a carer's allowance, or offers 35+ hours of care per week.

If you are a carer or have one, please request a carer registration form from reception.

Consent Declaration

By signing below, I confirm that I give permission for the person named above to access my medical information held at Gresleydale Healthcare Centre.

Patient Signature:
