GULLANE MEDICAL PRACTICE

Hamilton Road, Gullane, EH31 2HP

01620 842171

THIRD PARTY ACCESS AND COLLECTION

With the introduction of new data protection laws (GDPR) we are required to have your permission if you wish for a third party to collect any items (e.g. prescription, letters, blood requests) on your behalf or for a third party to discuss your medical care.

Please complete the relevant sections below detailing any third parties you wish to be able to do this on your behalf.

**Please note that any third party collecting on your behalf must be able to provide ID.**

**Collection Consent**

I, ………………………………………………………………………….………

Date of Birth, ………………………………………………………………

Address, ………………………………………………………………………………………………………………………………………………

give my permission for the following people to **collect items** on my behalf:

|  |  |
| --- | --- |
| **Name** | **Relationship to Patient** |
|  |  |
|  |  |
|  |  |

 **Signed**…………………………………………………………………..

**Print Name**…………………………………………………………… **Date**……………………………………………….

**Third party discussion Consent**

I, ………………………………………………………………………….………

Date of Birth, ………………………………………………………………

Address, ………………………………………………………………………………………………………………………………………………

give my permission for the following people to **discuss all aspects of my medical care** with the Primary Health Care Team:

|  |  |
| --- | --- |
| **Name** | **Relationship to Patient** |
|  |  |
|  |  |
|  |  |

 **Signed**…………………………………………………………………..

**Print Name**…………………………………………………………… **Date**……………………………………………….