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 Dr T. Wallis
 Dr J. Dingley
 Dr H. Williams
 Dr C. Hillsley
 Dr S. Arthur - *Associate GP*
 Dr A. Corcoran – *Associate GP*
 Dr J. Mason – *Associate GP*
 Dr O. Henry – *Associate GP*
 Dr R. Green – *Associate GP*
 Dr A. Marriott – *Associate GP*
 Dr J. Goldacre – *Associate GP*
 Mrs M Raymond - *Practice Manager*



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Consent to Share Confidential Information

The General Data Protection Regulations 2018 and the Data Protection Act 2018 in conjunction with the ethical codes of conduct of all health care professionals require that medical data be treated with great respect for confidentiality. We are not permitted to share any medical details with a third party without your consent

Patient Consent

I give consent to the sharing of my medical information as indicated below

(Patient) Full Name..... DOB.....

(Patient) Address.....

Third Party Details

To be shared with:

(Third party) Full Name DOB.....

Contact Telephone Number.....

Relationship to patient.....

Please tell us what type of information can be shared:

| Type | Please tick <input type="checkbox"/> |
|-------------------------|--------------------------------------|
| Test Results | |
| Appointment Information | |
| Medications | |
| All | |
| Other: | |

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

Start date..... End Date

Permanent.....

(Patient) Signature

Date.....

Please note: - 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.