

Newcastle General Practice

Third Party Consent for Patients

I (Patient Name) _____ Date of Birth (Patient) _____

Of (Patient Address) _____

Hereby give authorise (Name): _____

From (Address) _____

Phone: _____ Date of Birth: _____

to act on my behalf for the following (Tick or cross relevant boxes below):

- Make and cancel appointments on my behalf
- Take calls on my behalf
- Receive results on my behalf
- Access and request copies of my file on my behalf
- Collect referrals, requests and forms etc on my behalf

Full Access:

All of the above, including, make or receive any other enquiries or correspondence from any Doctor, Nurse or Administrative staff member at Hunter Health Hub on my behalf.

If I choose to change this notice of authority I will do so in writing and I understand that until I receive written confirmation from the surgery that withdrawal of consent has been processed, this third party consent will stay in effect.

Signed: _____ Date: _____