

## Bow Medical Practice, Iter Cross, Junction Road, Bow EX17 6FB

Branch site: Devonshire House, Essington Rd, North Tawton EX20 2EX

Telephone: 01363 82333 Website: www.BowMedicalPractice.co.uk

## AGREEMENT FOR A NOMINATED PERSON TO HAVE ACCESS TO A PATIENT'S PERSONAL DETAILS and/or COPIES OF CORRESPONDENCE

Patient's Name					
Patient's Address					
I give permission for r by the Practice.	my NOMINA	TED PERSON to h	ave access to m	y medical records a	nd personal details held
Full name:					
Address:					
Telephone number:					
This permission relates to: `All of my (delete as appropriate).		of my record	Part of my rec	ord Specific c	ondition only
I understand that the force until cancelled		=	ithority at any tir	ne, and that this p	ermission will remain in
	firm that th	_	•		o my treatment ( <i>delete i</i> GP has sole discretion to
Signed		(Patient)		Date	-
Signed		(Nominat	ed Person)	Date	-
Accepted by		(Doctor)	)	Date	-
Office Use Only:					
Copy Frequency					
Specific Copy Exclusions					
Specific Copy Inclusions					

MF V2

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