

# THE WATERLOO PRACTICE

Waterloo Health Centre,  
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## Requests For Patient Information To Be Divulged To Carers

### Introduction

This document sets out the Practice policy for dealing with patient requests for the results of laboratory tests.

### Protocol

Relatives and carers will often expect us to report medical information on patients to them.

**Information about any individual patient aged 16 years or more should not be released to anyone other than the patient him/herself, or his/her parent or guardian if under 16 years of age, without a signed consent from the patient or patient's parent/guardian, as the attached consent form allows.**

Before releasing any information, always ensure that you have the correct patient details. Check the patient's name, address and date of birth with the person you are speaking to and check the individual's relationship and chosen password as provided on the consent form.

Where consent forms have been completed and handed in these will be documented including passwords, as a reminder which expires on 1<sup>st</sup> January in the following year, groups and relationships will be updated to reflect the consent and a read code of "consent given to share patient data with specified 3rd party" (XaNwR), will be added.

Each year in January the consents will expire and a further consent form will need to be completed.

The patient may withdraw the consent at any time by informing the Practice.

Where the patient is unable to understand or sign the consent a copy of a **registered health and welfare** power of attorney should be provided.

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## PATIENT CONSENT FORM TO DIVULGE MEDICAL INFORMATION TO OTHERS

To ensure our information is kept up to date we will ask you to renew this consent every year or so. Evidence of a Lasting Power of Attorney for Health and Welfare will override this consent.

**The patient may withdraw this consent at any time by informing the Practice.**

**Patient name:** ..... **Date of Birth:** .....

If the Practice needs to contact me about my healthcare and I am not available, I wish the Practice to leave any such information with any of the people listed below.

Please complete in order of preference for contacting. Each nominee should provide a unique password for us to help identify who we are speaking to.

1. Name: ..... Relationship to patient: .....

Contact Telephone Number.....Password.....  
Signature.....

**Patient signature:** .....**Date:** .....

2. Name: ..... Relationship to patient: .....

Contact Telephone Number.....Password.....  
Signature.....

**Patient signature:** .....**Date:** .....

3. Name: ..... Relationship to patient: .....

Contact Telephone Number.....Password.....  
Signature.....

**Patient signature:** .....**Date:** .....

**The patient may withdraw this consent at any time by informing the Practice.**

**Where the patient is unable to understand or sign the consent a copy of a power of attorney should be provided.**