Walford Mill Medical Centre

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[**www.wimbornegp.co.uk**](http://www.wimbornegp.co.uk/)

**Dr Anne Elder MBChB, DCH; Dr Kate Evans BM, MRCGP, DRCOG, DFFP; Dr Simon Wright MBChB;**

**Dr Jon Maycock MBChB; Dr Catherine Hukins BSc, MBBS, DRCOG, MRCGP;**

**Dr Sumit Aggarwal MBBS, DRCOG, MRCGP; Dr Sahel Wright MBBS**

**Consent to third party sharing of medical records**

**Patient’s (Your) Name**:

**(Your) Date of Birth:**

**I am the patient named above and give permission for (please tick all that apply):**

🞏 **The content of my medical records and ongoing medical care to be discussed with the following third party.**

🞏 **Online access to my record for the following third party.**

🞏 **Please confirm that the third party is aware their details will be held by the surgery. We cannot add their details if they are not aware.**

**Third Party’s Name**:

**Relationship to (you) the patient:**

**Contact Address:**

**Contact Telephone Number:**

**I understand that I can withdraw my consent at any time by informing Walford Mill Medical Centre in writing.**

**Patient’s (Your) Signature:**

**Date signed:**

**For patient safety and to avoid duplication of workload the Practice will only discuss care with one third party contact.**

**Please present yourself at reception with this form and some ID for verification purposes.**

**If you are unable to attend the surgery please email** [**walford.mill@nhs.net**](mailto:walford.mill@nhs.net) **a photo of your face holding up your photo ID for verification purposes and attach the consent form to the email.**