01243 671833 Cakeham Road

reception.witterings@nhs.net East Wittering

 Chichester

 West Sussex

 PO20 8BH

**Patient Third – Party Consent**

|  |  |
| --- | --- |
| Patient’s Name: |  |
| Patient’s Telephone Number: |  |
| Patient’s Address: |  |
| I fully consent to Witterings Medical Centre allowing my named third party to do the following on my behalf (please select all options you are happy with) | * Collect Letters
* Collect Prescriptions
* Discuss All Medical Information, Including Test Results
 |
| Third Party’s Name: |  |
| Third Party’s Telephone Number: |  |
| Third Party’s Address: |  |
| Third Party’s Relationship To Patient: |  |
| Signed:(Patient Only) | Date: |

|  |
| --- |
| **Reception / Admin Use Only** |
| Coded with XaNwR & Annotated: |  |
| Added To Patient Home Screen: |  |
| Staff Initials: |  |
| Date Actioned: |  |
| **PLEASE NOW SCAN & COMPLETE** |