Unity Health

Patient consent for third party

(Please complete in ink and block capitals)

Patient name …….

Date of birth …….

I give permission for …… (insert third party name)

to discuss matters concerning (please note we need consent from the patient for the third party to access any part of their medical record, this includes ordering repeat prescriptions and booking appointments)

……

……

……

Please note, if you do not specify matters, we will assume you give permission regarding all matters.

Until (date) ……

Please note, if you do not specify a date, we will assume this remains valid indefinitely.

And I give permission to Unity Health to release only relevant information relating to matters detailed above.

Signed …….

Date ……..

If the patient is unable to sign this consent form please complete this section

(Name of patient) …… is unable to sign this consent form because

……

……

Signed …… Date ……

Relationship to patient ……

[Requests under this category will be considered on an individual basis]