

WEST CALDER MEDICAL PRACTICE

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DATA PROTECTION ACT

In accordance with the Data Protection Act, we require your consent before we can give out any information (including test results) regarding you to a third party. If you would like someone else to phone for test results on your behalf, or to discuss any aspect of your health, you are required to complete a consent form.

PATIENT NAME.....

DATE OF BIRTH..... EMIS.....

I, (signature).....authorise the person named below to obtain any results on my behalf / discuss my medical condition (please delete as appropriate). I understand that this consent will remain valid until I advise otherwise in writing.

Date.....

NAMED PERSON.....

ADDRESS.....

TEL NO.....EMIS (if applicable).....

THIS FORM WILL BE RETAINED IN YOUR MEDICAL RECORD