

Dr A Saunders  
Dr R Ganesalingam    Dr S Simkin  
Dr R Hambleton      Dr O Middleton  
Dr R Foster            Dr E MacDonald



## ONLINE ACCESS PERMISSION TO DISCLOSE DATA

In accordance with the data protection act, the practice is not permitted to give information about a patient to a third party unless we have the patient's written permission.

From age 14 you are able to have your own online access / NHS App account. On signing this form, please note that you have given consent for us to link your record with the named person(s) who will be able to view past medical problems as well as current medical and future conditions. If there are any medical conditions, you do not wish the person named below to be told about then you must notify us. **The arrangement will continue until you notify us otherwise.**

My Name \_\_\_\_\_

My Date of Birth \_\_\_\_\_

My Address \_\_\_\_\_

\_\_\_\_\_

I hereby give permission for Billingshurst Surgery to grant the person(s) named below access my GP health record through the NHS app. This includes: Booking and managing appointments, completing Rapid Health forms , ordering repeat prescriptions, test results and accessing other personal information.

Name of Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_