



**Consent to allow another individual to collect prescription(s) or other medical data from Grange Clinic**

Note: "revealing of medical information to a spouse, former spouse or child who is capable of making decisions themselves will in most situations constitute a breach of the Data Protection acts if undertaken without the consent of the other spouse, former spouse or child capable of making their own decisions"

*(Processing of patient personal data: A guide for General Practitioners; ICGP 2018)*

I am granting permission for:

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

To collect the following medical data regarding me from Grange Clinic:

- Prescriptions
- Medical records
- Test results
- Medical certificates

Note: Any individual collecting medical data will be required to show photo I.D. when collecting any medical data

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Date: \_\_\_\_\_