CONSENT TO DISCLOSURE OF INFORMATION

(original to be kept in Patient file, copy to be given to Patient)

Date: _____

1. Consent

I, _____ (full names and surname), am an adult person (18 years or older) / the parent or legal guardian of a child younger than 12 years of age / a child 12 years or older (delete what is not applicable),
I hereby give my consent, freely and voluntarily and with knowledge of the implications of such consent, and by so doing authorise the Practice to disclose the specific information outlined herein to the entities / person(s) mentioned and to the extent identified herein:

2. What information is to be disclosed and for what reason?

The Patient hereby given permission and agrees that:

a. another person is authorised to sit in at the consultation / procedure at the request of the Patient. Such a person (e.g. parent, a spouse, partner etc.) would then hear and/or see information that would otherwise remain confidential between the patient and healthcare practitioner.
b. another person (e.g. parent, a spouse, partner, family members etc) is authorised receive updates on how the Patient is doing before, during and/or after a procedure, when in hospital / ICU, etc.
c. another person or entity is authorised to obtain a copy of specific health records (e.g. a copy of the Patient's file, a medical report, a copy of a sick certificate, prescription, etc).
d. another person (e.g. parent, a spouse, partner, family members etc) is authorised to consent to treatment and care when the Patient cannot (e.g. when the patient is unconscious) and can receive information about the Patient which will enable them to make the decision.
e. the employer of the Patient is authorised to request specific information, including the nature of the patient's illness, how long s/he would be away and why, etc. The Practice accepts no responsibility for any consequence that may flow from such an authorised disclosure to an employer.
f. an insurance company is authorised to obtain the information necessary for the completion of form, and/or the drafting of a report.
g. a pharmaceutical or medical device company is authorised to receive the details of a negative event associated with a product must be shared.
h. a medico-legal report is authorised where necessary, and includes a report, consultation for a second opinion, a report to an attorney, etc.

3. To whom may the information be disclosed?

The Patient hereby given permission and agrees that: their information can be disclosed to their:

a. parent/caregiver
b. spouse/life partner
c. employer
d. lawyer
e. insurance company
f. the manufacturer of a product
g. other, so long as the Practice is lawfully permitted to disclose information to such person/entity.

4. For how long is this consent valid?

The Practice will only hold a Patients information for so long as it is legally and practically able to do so. The Patient's consent is therefore valid for the following periods, or until such time as such consent is revoked:

a. Indefinite (for situations where treatment is ongoing e.g. treatment by a General Practitioner, treatment for chronic illness, treatment where recovery period is not known etc)

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b. Until revoked (for situations where treatment only pertains to a particular incident (e.g. sick leave taken, once off treatment for a specific procedure or operation etc)
c. For a particular period (e.g. for as long as I am employed by, or from [date] to [date], etc.):

Signature: _____ Date: _____

Witness signature: _____ Date: _____

Witness initials and surname: _____

Patients can withdraw this consent at any time bearing in mind that withdrawal may not be possible in certain instances without negatively affecting patients' rights and contractual relationships, for which patient takes full liability and indemnifies the Practice.