

**ST PETER'S MEDICAL PRACTICE**

**Consent for third party to speak on your behalf in regards to your medical information**

I .....allow.....

To speak on my behalf about my medical care

This includes:

Making appointments

Speaking regards test results

Referrals

Collection of prescriptions

I understand that this will allow..... access to information about all aspects of my medical care

I understand I can retract this at any time by contacting the Practice in writing

Patient name.....

Patient signature.....

Date.....

Third party name.....

Third party signature.....

Relationship to patient.....

Date.....