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|  | **CONSENT REMOVAL FORM**This form is for remove or update the details of a person who can discuss my medical record. |

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| **Patient details** |
| Patient name |  |
| Patient's date-of-birth |  |
| Address (incl. Postcode) |  |
| *I am a patient of Bewick Crescent Surgery and I have previously given consent for another person to be able to discuss my medical care pathway and be involved in decision-making. I now wish for their details to be removed from my medical record declining consent for this person to be involved with my care management.***Signature of patient:****Date:** |

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| **I wish to remove my consent for the person below from discussing my medical care pathway:** |
| Full name |  |
| Telephone number |  |
| Relationship to patient |  |
| **Type of access to remove** |
| Care Management (Telephone / F2F) | Yes / No | Online Proxy Access | Yes / No |

**Bewick Crescent Surgery Only:**

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| **Patient Notes Updated On (date):** |  |
| **Initials of staff updating patient's record:** |  |
| **Now add this document to the patient's medical record** |