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|  | **REMOVAL OR UPDATE OF CONSENT**This form is for remove or update the details of another individual who has access to and 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 individual to have access to my medical records and/ or to discuss my medical requirements. I wish for their details to be updated or removed from my medical record.***Signature of patient:****Date:** |

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| **Contact details for the individual who I wish to remove from my medical record** |
| Full name |  |
| Telephone number |  |
| Relationship to patient |  |

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| **New contact details for the individual who I wish to grant access** |
| Full name |  |
| Telephone number |  |
| Relationship to patient |  |