

The Beacon Health Group

Consent Form

Authorising parental access to medical records (11-15 year olds)

In order to comply with new guidance on confidentiality, young people aged 11-15 years old must give consent for adults with parental responsibility to access their medical records.

Please complete the form below if you would like any adults to have access to all your medical records including results and medication. This permission lasts for one year and another form must be completed annually.

You can withdraw consent at any time by contacting the surgery on:-

- Telephone 01245 221777
- By email [reception.f81100@nhs.net](mailto:reception.f81100@nhs.net)
- Or by writing to your usual branch

I (name).....(date of birth).....

give permission for .....and

.....to have access to my medical records

including results for the next calendar year. I understand that I can cancel this permission at any time.

Signed .....

Date..... (valid from 1 year)

