**THE BELLINGHAM PRACTICE**

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**Northumberland,**

**NE48 2HE**

**Consent Form – Sharing Information**

NHS Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Yes/No  Yes/No  Yes/No |

Please circle

I confirm that I have read and understood the information leaflet entitled 'Keeping your Confidence'. I have had the opportunity to consider the information and ask questions.

I agree for the information I provide to this service/department to be shared with other professionals involved in my care.

I understand that I can change my mind at any time and that I will discuss it with a health professional if I wish to do so.

**If a patient is incapable of providing informed written consent, ensure that they or their carer have been provided with the 'keeping your confidence' leaflet in an appropriate format and detail the reason why the form hasn't been signed in the comments box and sign below.**

|  |
| --- |
| Comments: |

Today's date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of patient Signature Date

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Name of person taking consent Signature Date