

## NEXT OF KIN AUTHORISATION FORM

### Results and Medical information

Due to our privacy and confidentiality requirements, It is no longer acceptable to verbally accept authorisation to release and details to Next of kin or Emergency contacts or any other third parties without prior written consent.

If you require other parties to access your personal medical information, we do need your signed consent.

### CONSENT

I \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ authorise

\_\_\_\_\_ (authorised person's name)

\_\_\_\_\_ (Relationship) \_\_\_\_\_ (Contact)

To have access to (Please Tick) On my Behalf

Results

Correspondence

Account Information

All Information

Signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_.