

## PATIENT AFFAIRS CONSENT FORM

Before confidential information can be disclosed to a third party, this form needs to be completed and returned by the Patient or their Next of Kin (NOK), if the patient is unable to give their consent.

<b>Section 1 – Patient details (Print)</b>	
Title	
Name	
Address	
Telephone number	
Email address	
Date of Birth/Chi number (if known)	
Summary of issue	
<b>Section 2 – Details of the person information is to be shared with (PRINT)</b>	
Title	
Name	
Address	
Telephone Number	
Email address	
Relationship to patient	
<b>Section 3 – Statement by the patient or NOK, where patient is unable to consent. Please tick Part A (patient) OR Part B (nok) as appropriate.</b>	
<b>Part A-</b> I am aware the person detailed in Section 2 has requested a response, which requires the review and disclosure of my personal information about specific issues noted above. Accordingly, I hereby give my consent for the disclosure of this information.	
Patients signature	Date
<b>Part B –</b> I am the NOK. The patient is unable to give consent.	
NoK Signature	Date
Relationship to patient	
Reason patient cannot provide consent	

Please enclose a copy of the Power of Attorney or Guardianship if relevant.

Please email form to [ggc.gp49770@nhs.scot](mailto:ggc.gp49770@nhs.scot)