Dr Gordana Ninkovic-Chapman
Dr Aruni Gunaratne
Dr Jack Underwood
Dr Olivia Snape
Dr Josie Hough
Dr Carl Egan

Henfield Medical Centre
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West Sussex
BN5 9JQ

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PERMISSION TO DISCLOSE DATA

In accordance with the data protection act, the practice is not permitted to give information about a patient to a third party unless we have the patient's written permission.

On signing this form, please note that you have given consent for us to tell the named person(s) about past medical problems as well as current medical and future conditions. If there are any medical conditions you do not wish the person named below to be told about ten you must notify us. The arrangement will continue until you notify us otherwise.

My Name_____

My Date of Birth_____

My Address_____

_____

I hereby give permission for Henfield Medical Centre to discuss information with the person(s) named below;

Name of Person_____

Address_____

_____

Relationship to me _____

Contact Phone Number(s)_____

Signature of Patient_____Date_____