



# The James Cochrane Practice

Partners: | Dr Richard Russell | Dr John Wood | Dr Paul Atkinson | Dr Ed Clarke |

Salaried GPs: | Dr Simon Jones | Dr Joanne Richardson | Dr Kathryn Boniface | Dr Emily Bayne | Dr Ariane Domingo | Dr Paula Cherry |

## CONSENT TO DISCLOSE

I, (Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Address) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

*Hereby give consent to disclose the below stated information*

To (Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_

**Please tick the boxes for areas of access you grant to the above named.**

- Test Results
- Prescription Queries
- Appointment Queries
- Referral Queries
- Any Other matter related to my medical record, please state:

I give *open ended* OR *a select period of time* to disclosure of the above mentioned information to the named person. Please **circle** which time period applies – if a limited time please state dates below.

(From) \_\_\_\_\_ (To) \_\_\_\_\_

**I am aware that this consent may be revoked by me at any time.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witnessed by (not the individual for whom consent is being granted):**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

## Please turn over

Main Address: Helme Chase Surgery, Burton Road, Kendal, Cumbria, LA9 7HR  
Branch Address: Maude Street Surgery, Maude Street, Kendal, Cumbria, LA9 4QE  
Tel: 01539 718080 | [www.jamescochranepractice.co.uk](http://www.jamescochranepractice.co.uk)

VAT Registration Number: 878 6795 35



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Please fill out your Next of Kin and Emergency Contact details so we can keep our records up to date.

## Next of Kin

Name:	Landline: Mobile:	Relationship to you:
Address:		
Post Code:		

## Emergency Contact

Name:	Landline: Mobile:	Relationship to you:
Address:		
Post Code:		

*If you need assistance in completing this form please ask the Receptionist.*

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