**PATIENT’S PRIVATE LETTER CONSENT FORM**

**Details of Patient:**

|  |  |
| --- | --- |
| Patient Name |  |
| Date of Birth |  |
| Address |  |
| Telephone number |  |

**Details of the person who is requesting the letter if different to above**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |

Declaration: I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Act 1998.

**Tick the following statements that apply:**

* I am the patient
* I have been asked to act on behalf of the patient and attach the patient’s written authorisation
* I am acting in Loco Parentis and the patient is under the age of sixteen, and is incapable of understanding the request/ has consented to me making this request
* I am the deceased patient’s Personal representative and attach confirmation of my appointment
* I have a claim arising from the patient’s death and wish to access information relevant to my claim on the grounds that…..(please give your reasons below).

**YOUR SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE: There is a standard charge of £25.00 per private letter. Please note this is non NHS work and may take 2 to 6 weeks. This fee is non-negotiable. If you require the letter before 2 weeks the charge will be £35.00

**Patient to complete**

|  |  |
| --- | --- |
| Please provide relevant information in detail of what you require on the letter |  |