

PERMISSION GIVEN TO MY NEXT-OF-KIN

I, *(name)* _____, give my consent to
(name) _____ as my next-of-kin to read my
medical records if he/she so wishes, including when I might be a hospital
inpatient. This permission includes both GP and hospital medical records,
and any other medical records concerning me.

Signed: _____

Date: _____

D.O.B.: _____

Address: _____

This is in line with the Data Protection Act 2018 and the GDPR (General Data Protection Regulation 2018). Also, consent for third party disclosure as legally seen from The Medical Protection Society, Access to Health Records.