

**Patient Records - Third Party Consent Form**

**Authorisation by Patient / Person for Applicant to act on their behalf**

<b>Patient Name:</b>	
<b>Patient's Date of Birth:</b>	
<b>Patient's Address:</b>	
<b>Request made by:</b>	
<b>Relationship with patient:</b>	
<b>Requester Telephone number:</b>	
<b>Requester Address:</b>	

***If you are requesting information on behalf of a patient then consent of the patient will be required. Please obtain the patient's signed consent below.***

I hereby authorise North Cumbria Integrated Care NHS Foundation Trust to release my personal data, as specified on this request to the individual named above. I understand that I can withdraw my consent at any time by contacting North Cumbria Integrated Care NHS Foundation.

**Signed:** ..... (Patient)

**Full Name:** ..... (Patient)

**Date:** .....