

Consent to Discuss Patient Record

| Patient's Name | |
|--------------------------------------|--------------|
| Patient's Date of Birth | |
| Address | |
| Contact Number / E-mail Address | |
| Consent given to | |
| Address | |
| Contact Number / E-mail Address | |
| Relationship to Patient | |
| Consent given to: | |
| Make/Cancel appointments | |
| Discuss full record / care / treatme | ent |
| Discuss specific issue only | |
| State the issue | |
| Duration of Consent – Indefinitely | or until / / |
| Patient's Signature Date / / | |