

**Change to Third Party Consent for Patients of Blackbutt Doctors and Our  
Town Doctors Surgeries**

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

of (Address): \_\_\_\_\_

Request the following changes/removal (cross out whichever is not applicable) to third party consent for:

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Not authorised for** Making and/or cancelling Appointments
- Not authorised to** Take calls
- Not authorised to** Receive results
- Not authorised to** Make and confirm appointments
- Not authorised to** Access and Request copies of my file
- Not authorised to** Collect requested letters, requests for pathology and forms etc
- Not authorised to** Make or receive any other enquiries or correspondence from any Doctor, Nurse or Administrative staff member at Blackbutt Doctors and Our Town Doctors Surgeries.

I understand that until I receive written confirmation from the surgery that these changes to third party consent will not be in effect.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

