

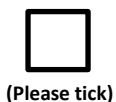
**REMOVAL OR UPDATE OF CONSENT  
FORM**

To remove or update the details of another individual to gain access and/or to discuss my medical record

<b>Patient name</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Postcode</b>	
<p>I am a patient at Greystones Medical Centre and have previously given consent for another individual to have access to my medical records and/ or to discuss my medical requirements. I wish for their details to be   **updated   **removed   from my medical record (**please circle)</p> <p><b>Signature of patient:</b></p> <p><b>Date:</b></p>	

**Contact details of the individual who I wish to update/remove from my medical record**

<b>Full name (print)</b>	
<b>Telephone number</b>	
<b>Relationship to patient</b>	



I understand if any of the consent contact details change or I wish for them to be removed from my medical record I will contact the surgery immediately. (A 'remove/change to consent form' is available from our Reception)