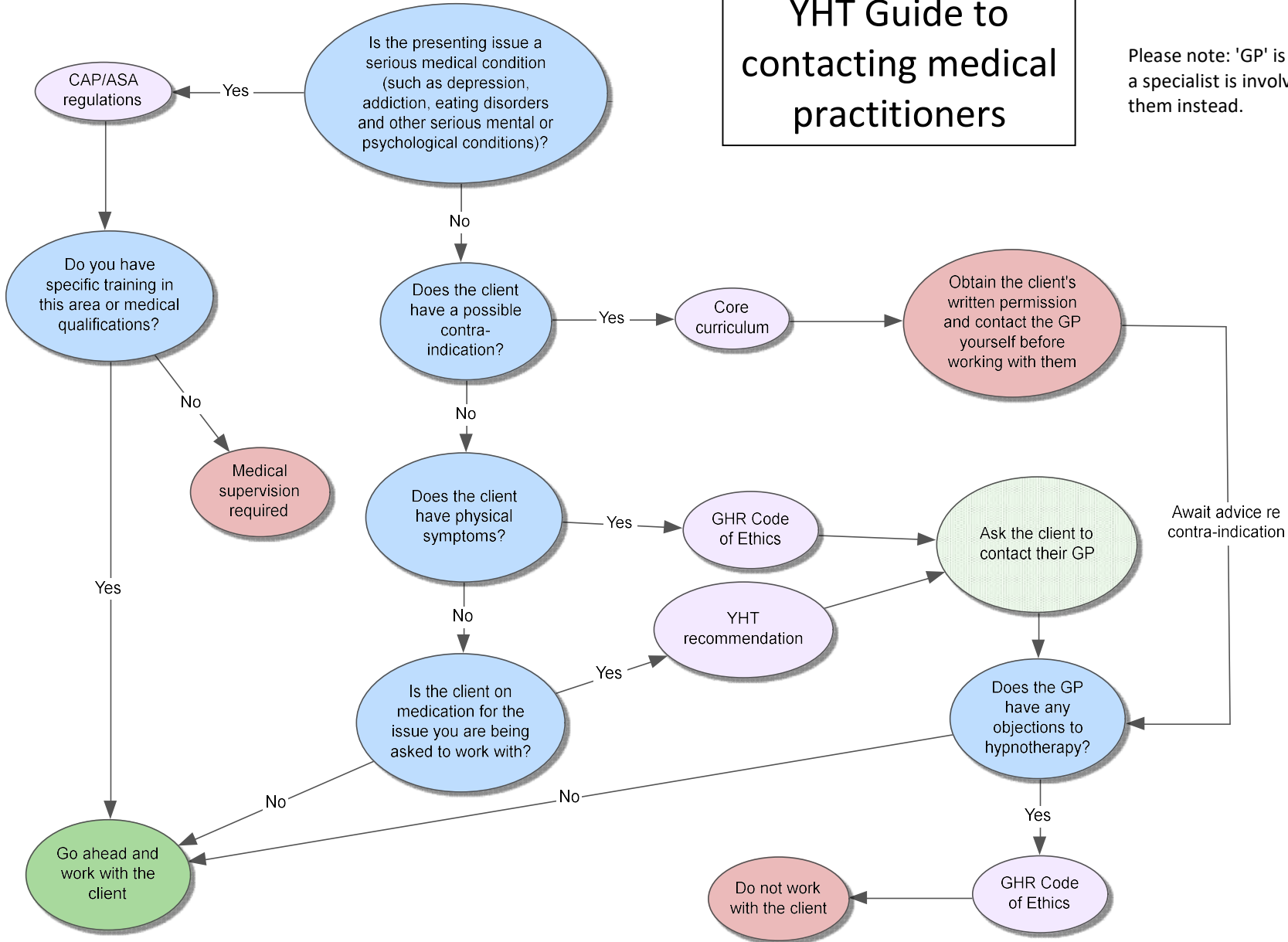


YHT Guide to contacting medical practitioners

Please note: 'GP' is used throughout for brevity but if a specialist is involved it might be better to approach them instead.



[Your practice details]

Permission to share information with another professional

Client's name

Date of birth

Address

Therapist's details: as above

Doctor/other professional's name and address

- In accordance with the GDPR Right to Portability, I give permission for [your practice name] to communicate with, contact and share any personal information held about me with the above-named doctor or other professional in connection with my care.
- In accordance with the GDPR Right to Portability, I give permission for the above-named doctor or other professional to communicate with, contact and share personal information held about me with [your practice name] in connection with my care, including but not limited to revealing information held in my medical, and if applicable, mental health records.

Statement of Consent:

- I understand that personal information is held about me by both parties.
- I understand the implications of sharing or not sharing information about me.
- I understand that this permission is given entirely voluntarily, and that I can revoke it at any time by notifying either or both of the parties above in writing.

Client's Signature

Date