

Patient Consent for Communication

Dr Qureshi and his team will only use your personal and medical information to manage your medical condition (e.g. to send patients details about their next appointment, to request appointments to see allied healthcare workers or another consultant, send patient's their results and reports, request tests, etc.).

YOUR DATA WILL NEVER BE PASSED ONTO ANYONE NOT INVOLVED IN YOUR CARE.

We need your consent to communicate information with **YOU** and **THOSE INVOLVED IN YOUR CARE**. You can choose to opt out at any time by contacting us.

Do you consent to us communicating with **YOU** and **THOSE INVOLVED IN YOUR CARE** by:

All of the below	Consent to Use: Yes <input type="checkbox"/> No <input type="checkbox"/>
Post	Consent to Use: Yes <input type="checkbox"/> No <input type="checkbox"/>
E-mail	Consent to Use: Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone	Consent to Use: Yes <input type="checkbox"/> No <input type="checkbox"/>
Text messaging	Consent to Use: Yes <input type="checkbox"/> No <input type="checkbox"/>
Faxing	Consent to Use: Yes <input type="checkbox"/> No <input type="checkbox"/>

IMPORTANT: IF YOU ANSWER "NO" TO THESE QUESTIONS, DR QURESHI AND HIS TEAM CANNOT COMMUNICATE USING THIS MEANS WITH YOU OR ANYONE INVOLVED IN YOUR CARE. YOU SHOULD BE AWARE THAT THIS IS LIKELY TO CAUSE SOME DELAY IN MANAGING YOU AND YOUR CONDITION (E.G. POSTING A TEST REQUEST VERSUS FAXING).

Name		Date of Birth	
Signature		Date	

PLEASE RETURN THIS FORM IMMEDIATELY. DELAYS IN US RECEIVING THIS COMPLETED FORM MAY DELAY YOUR TREATMENT

OPTIONS FOR RETURNING THIS FORM:

1. E-mail it to nazima.sardar@hcaconsultant.co.uk
2. Fax it to 020 8869 2641
3. Hand it to Dr A Qureshi at your consultation
4. Post to above address