

Overtoun Medical Practice – May 2018 – Data Protection Changes Consent Form

Part One – Pharmacy (3rd Party) Prescription Collections

Due to changes with Data Protection Law, Overtoun Medical Practice must gain full & explicit patient consent regarding prescriptions that are normally collected from the Practice by a local pharmacy (3rd party).

If you currently have your prescription collected by Pharmacy and would like this service to continue, please complete the boxes below.

I give consent for a 3rd party (pharmacy) to collect my prescription from Overtoun Medical Practice and take to the pharmacy from which I will collect. I also confirm that if I change Pharmacy I must attend Overtoun Medical Practice to sign a further form.

Name _____ D.O.B _____

Signature _____ Date _____



Part 2 – Collection of prescriptions from Practice

Some Patients ask their family members and/or friends to collect prescriptions on their behalf. This next section allows you to list any family members or friends that you give full and explicit consent to collect prescriptions on your behalf.

I confirm that the following named person/s has my full and explicit consent to collect prescriptions from Overtoun Medical Practice on my behalf at any time. I understand that if this changes I will attend Overtoun Medical Practice to make any changes in person.

Family/Friend Name _____ Relationship to you _____

Family/Friend Name _____ Relationship to you _____

Family/Friend Name _____ Relationship to you _____

Family/Friend Name _____ Relationship to you _____

Name _____ DOB _____

Your Signature _____ Date _____



Part 3

In line with new Data Protection Guidelines, please can you confirm that you are happy to receive text messages from us such as appointment confirmations, reminders and other important messages.

Please Circle	YES	NO
Name	DOB	
Mobile No.		
Signature		