

Breakspear Hospital



**Breakspear
Medical Group Ltd**
Hertfordshire House
Wood Lane
Hemel Hempstead
Hertfordshire HP2 4FD
United Kingdom
Tel: +44 (0) 1442 261 333
Fax: +44 (0) 1442 266 388
www.breakspearmedical.com

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Patient Confidentiality Information

New guidelines have recently come into force which make it compulsory for doctors to undertake clinical audits. We will also be required to undertake other projects, including research, which will necessitate us compiling details taken from our patient records.

Before we can gather any of this data we must, of course, have your permission to use information we have on file about you/your child, and this will always be anonymised before being used.

We would be grateful if you could take the time to complete and sign below to indicate whether you are willing, or not, for anonymised information about you/your child/or someone on whose behalf you are signing, to be disclosed both internally and for external clinical audits, research etc.

Please tick below, as appropriate

- I do** give Breakspear Hospital permission to use information about me for clinical audits, research, etc

- I do not** give Breakspear Hospital permission to use information about me for clinical audits, research, etc

Patient details

Patient name **Date of birth**
(Please print full name)

Signature **Date**

Name if signed on behalf of a patient

Please return this form to Reception when completed

Many thanks for taking the time to complete this form