

OPERATION ROCHESTER

Other Document Form

Number

1578

Title CONSENT TO DISCLOSE MEDICAL RECORDS REF. RUBY LAKE

(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No _____

Document registered / indexed as indicated

No(s) of actions raised

Statement readers instructions

Indexed as indicated

No(s) of actions raised

Examined - further action to be taken

Further actions no(s)

Receiver			
Code A			
		O/M	SIO
		Indexer	

When satisfied all action raised Office Manager to endorse other Document Master Number Form.

~~Meeting~~

$$X 185 = D130$$

$$ASU/18935 = D131$$

$$X 193 = D132$$

$$X 194 = D133$$

$$X 196 = D134$$

$$X 197 = D135$$



WRITTEN CONSENT TO DISCLOSURE OF MEDICAL RECORDS

I HEREBY AUTHORISE HAMPSHIRE CONSTABULARY TO DISCLOSE:-

- 1) **MEDICAL RECORDS**
- 2) **ANY OTHER RELEVANT INFORMATION**

THAT HAS BEEN OBTAINED DURING THE COURSE OF THE POLICE INVESTIGATION TO RECOGNISED OFFICIAL REGULATORY BODIES. I UNDERSTAND THAT HIS INFORMATION WILL ONLY BE DISCLOSED IF IT MAY BE OF USE TO ANY SUBSEQUENT INVESTIGATION.

I FURTHER AUTHORISE THE POLICE TO DISCLOSE THIS INFORMATION TO ANY PERSON ACTING ON BEHALF OF ANY OFFICIAL REGULATORY BODY.

AS NEXT OF KIN I AUTHORISE THE POLICE TO MAKE DISCLOSURE IN RESPECT OF:-

MR./MRS./MS *RUBY JOSEPHINE DOROTHEA LAKE*

(PLEASE PRINT THE FULL NAME OF THE FAMILY MEMBER)

SIGNED:-

Code A

DATED

22 December 2006

PRINT NAME

Code A