

Other Document Form

Number D1804

Title WRITTEN CONSENT DISCLOSURE MEDICAL RECORDS - 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) _____

Code A	
O/M	SIO
Indexer	

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



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:-

DATED

Code A

22.12.06

PRINT NAME

Code A