

**Other Document Form**

Number D1803

Title WRITTEN CONSENT DISCLOSURE MEDICAL RECORDS - SPORGIN  
*(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** ENID PHYLLIS DORMER SPURGIN

**(PLEASE PRINT THE FULL NAME OF THE FAMILY MEMBER)**

**SIGNED**

**Code A**

**DATED**

23.12.2006

**PRINT NAME**

**Code A**