



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

(PLEASE PRINT THE FULL NAME OF THE FAMILY MEMBER)

SIGNED:-

DATED

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PRINT NAME

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