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|  | **Gender Identity Clinic**  **Tavistock & Portman NHS Foundation Trust**  **Lief House**  **3 Sumpter Close**  **Finchley Road**  **London**  **NW3 5HR**  **Tel: 020 8938 7590**  **Web: https://gic.nhs.uk/**  **Email: www.gic@nhs.net** |

**Patient Consent to Share Information with a Named Individual**

**Carenote / NHS No:** \_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Legal name)** hereby give permission for the person stated below to communicate with the GIC on my behalf and for the GIC to share information with them as appropriate.

In the event that my circumstances change and I wish to withdraw my consent, I will notify the GIC in writing.

**Patient Details**

**PRINT LEGAL Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3RD Person Details**

**PRINT Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to me: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number / Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**