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**CONSENT FOR REPRESENTATIVE
PATIENT ACCESS APPLICATION
(Housebound patients only)**

Patient Name	
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Representative details

Representative name	
Relationship to patient	

I confirm that I am housebound and therefore unable to attend the surgery.
I hereby consent to allow the above named representative to apply for a Patient Access account on my behalf.
I understand that this is not the normal practice procedure and take full responsibility for the potential risk to the confidentiality of my data.

Signed by patient Date.....

A Patient Access application form must also be completed and signed by the patient.