



# MALAHIDE FAMILY PRACTICE

Dr. Claire Fitzsimmons – Dr Kathleen McClory – Dr Aimee Murphy

## Third-Party Prescription/Information Collection - Consent Form

Please fill out this form if you would like for a nominated person other than yourself to collect your prescription or other requested medical data, such as blood results or referral letters, from Malahide Family Practice on your behalf when you are unable to do so.

Please note that Malahide Family Practice accepts no responsibility for your prescription or requested medical information once it has left our premises. This consent can be revoked at any time by way of a signed letter informing us you no longer consent to this service, or by filling out a Third-Party Prescription Collection Cancellation Form available at our practice.

Separate consent forms must be filled out and signed for each Third-Party nominated.

**Patient Name:** .....

**Patient Date of Birth:** ...../...../.....

**Nominated Third-Party:** .....

**Relationship to Third-Party:** .....

I hereby give the above-named nominee permission to collect my prescriptions, or other medical information that I have requested to collect, on my behalf. I confirm that I have already discussed and agreed these arrangements with this nominee, and I accept that Malahide Family Practice is no longer responsible for my prescription or medical information once it has been collected from their premises.

**Patient Signature:** .....

**Third-Party Nominee Signature:** .....

**Date Signed:** ...../...../.....