



## FORM OF AUTHORITY Exchange of Information with External Agencies

I hereby authorise Doctors of the World UK to act on my behalf with relevant NHS hospital trusts and relevant associated health and social care agencies, including my GP.

I understand that this may involve Doctors of the World UK providing relevant NHS hospital trusts, other relevant health and social care agencies and/or my GP with my personal information or these bodies releasing my personal or medical information to Doctors of the World UK.

- I understand that the exchange of the above information is for the purpose of supporting me to access medical care, or obtaining assistance for me from an external agency, and for no other purpose.
- I understand that relevant bodies will only be contacted should it be deemed necessary in supporting me to access medical care.
- I understand that any information obtained will be stored securely and confidentially by Doctors of the World UK and, unless required by law, will not be shared with any other party without my express permission.
- I understand that Doctors of the World will contact me should it be necessary to contact my GP.

I understand that this authority can be withdrawn at any time, by making my request in writing to Doctors of the World, 29<sup>th</sup> Floor, 1 Canada Square, E14 5AA.

Name	<insert details before sending to SU>
Address	<insert details before sending to SU>
Date of Birth	<insert details before sending to SU>
Signature	
Date	