

I, _____ *[patient's name]* _____ consent to _____ *[name of previous practice]* _____ transferring my notes to _____ *[name of new practice]* _____.

[Insert if applicable] I do not agree with the contents of what is recorded on *[specify the dates]* and require that the notes are viewed alongside the statement of comment and correction that I have prepared which is annexed.

[Insert if applicable] I am aware that the practice has only retained its most recent notes and agree that to _____ *[name of previous practice]* _____ shall have immediate access to the full set of notes up to _____ *[date of transfer of patient file]* _____ and shall be able to view and photocopy all the parts of the file that the practice wishes without restriction.

I agree to _____ *[name of new practice]* _____ informing to _____ *[name of previous practice]* _____ in advance of my notes being transferred or uplifted so the practice has an opportunity to take a full copy of the notes at that time.

Referral Letter

Enclosed please find a full copy of the notes of _____ *[patient's name]* _____. A full copy has/has not been kept by this practice.

In accordance with the consent of the patient, please notify this practice if at any time the patient seeks to uplift the file or transfer it to another practice so our practice can, at our cost, secure a full copy of the file at that time should it be prudent to do so.

Please also note that the patient has consented to this practice being able to access a copy of the notes immediately should the need arise. If this arrangement is not acceptable to you please notify , _____ *[appropriate staff member]* _____ immediately.

With regard to this patient, I advise: *[set out any relevant clinical information that should be highlighted such as current medications, any test/specialist reports that are being awaited, any scheduled follow up]*.