

CONSENT TO DISCLOSURE OF IDENTIFYING INFORMATION ABOUT FERTILITY TREATMENT TO ANOTHER PERSON WHO IS NOT COVERED BY A LICENCE

Before you complete this form, you should have been given the information you need to be able to make a decision about the different options on this form. You should understand the implications of consenting to the disclosure of identifying information. You do not have to give your consent to this disclosure and you can change or withdraw your consent at any time.

The law requires that any information that centres hold about people seeking and receiving treatment, and about gamete and/or embryo donors, must be kept confidential and may not be disclosed to third parties without your consent. Your consent to disclosure allows the clinic to disclose identifying information about your treatment to individuals who are not covered by an HFEA licence, for example, your GP. If the information is disclosed to a person who is bound by medical confidentiality, it must be treated in the same way as other personal medical information.

You can give your consent to information being disclosed to two different groups of people. You can consent to the disclosure of information about your treatment to a specific person (for example, your GP). You can also consent to disclosure of this information to certain kinds of unspecified individual who need to know information about your treatment for a variety of purposes (for example, other doctors or clinic inspectors). You can also specify the type of information that may be disclosed.

If you are being treated together with your partner, your partner must also give consent to the disclosure of identifying information before the information can be disclosed.

1. About you

Your surname:

Your forename(s):

Your date of birth: day month year

2. Consent to disclosure to a specific person

I consent to the disclosure of identifying information about my fertility treatment to (please specify):

Please state any conditions or restrictions which you would like to apply to any of the above options.

3. Consent to disclosure to other people

In order to carry out audits effectively, it is sometimes necessary for people not covered by an HFEA licence to have access to information about treatments carried out at the clinic.

I consent to the disclosure of identifying information about my fertility treatment to unspecified people who need to know for the purposes of (please tick as applicable):

- i) providing treatment to me (for example, unlicensed fertility treatment or other medical treatment)
- ii) an audit of clinical practice (for example, a clinic inspection)
- iii) an accounts audit

Please state any conditions or restrictions which you would like to apply to any of the above options.

When you have completed all the sections that apply to you on this page, please sign and date this page.

Signature Date