Health Records Release Consent

Authorisation to share personal health data with a named recipient.

Patient

FULL NAME

EMAIL

PHONE

ADDRESS

DATE OF BIRTH

PATIENT ID / UHID

ABHA NO.

Share from

HOSPITAL OR CLINIC

RECORDS OFFICER

Share with

RECIPIENT NAME / ORGANISATION

RECIPIENT TYPE

RECIPIENT EMAIL OR ADDRESS

What and why

- [ ] Discharge summaries and treatment notes
- [ ] Lab, imaging and pathology reports
- [ ] Bills and insurance claim documents
- [ ] Mental health, HIV or genetic information (only if ticked)

DATE RANGE OF RECORDS

PURPOSE

CONSENT VALID UNTIL

Your rights

- The hospital will share only the records ticked, only for the purpose stated.
- You can withdraw this consent at any time by writing to the hospital. Withdrawal does not undo sharing already done.

- Once shared, the recipient is responsible for how it uses the data.
- You can complain to the hospital's grievance officer, and then to the Data Protection Board of India.

Patient

SIGNATURE

PRINTED NAME

DATE

Hospital or clinic

SIGNATURE

PRINTED NAME

DATE