Suiomh Grésáin: Website: [www.beaumont.ie](http://www.beaumont.ie)

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OSPIDÉAL BEAUMONT

Bosca O.P. 1297 Bóthar Beaumont Baile Átha Cliath 9

BEAUMONT HOSPITAL

P.O Box 1297 Beaumont Road Dublin 9

Guthán: Telephone 8093000 / 8377755 Facs: Facsimile 837 6982

Routine Access

Quality & Safety Department

Routine Access: 01-8092873

E-mail:

[routineaccess@beaumont.ie](mailto:routineaccess@beaumont.ie)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address)

hereby give my permission for BEAUMONT HOSPITAL to share personal information with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (health agency/hospital name) in connection with my healthcare.

**Statement of Consent:**

* I understand that my personal information is being shared.
* I have had the opportunity to discuss the implications of sharing or not sharing information about me.

I agree to my information being shared and gathered between the above names services

**\***Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time.\*

**Name …………………………………………………………………..…………….**

**Address ………………………………………………………………....................**

**Date of Birth …………………………..**

**Signature ……………………………………………………………….**

**Date ………………………**

**Signature of professional ……………………………………………………….**

**Print name ………………………………………………………………………….**

**Agency / service……………………………………………………………………..**