

CORRESPONDENCE FROM THE CLINIC

The Lister Fertility Clinic will provide you with a written summary of your treatment at the clinic and a copy of any correspondence will be sent to your GP or Referring Doctor. It can be extremely useful to inform the doctor who referred you about your treatment with us as well as your GP, who may then be able to assist with your care. In order for us to write to referring doctors or GPs, we need your permission in writing. This is provided by completing a HFEA CD Consent Form Part 1. The CD form only needs to be completed once (usually at registration) unless you wish to change your consent to correspondence.

Please note that once information has been disclosed it will no longer be subject to the special provisions of the HFE Act 1990 but only to the general law of confidentiality.

Please also complete the section below to provide the details of Healthcare professionals with whom you wish us to correspond.

Patient name	<input type="text"/>	DOB	<input type="text"/>
Partner name	<input type="text"/>	DOB	<input type="text"/>

Patient's General Practitioner

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and/or Other Healthcare Professional such as Referring doctor

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Patient Signature	<input type="text"/>	Date	<input type="text"/>
Partner Signature	<input type="text"/>	Date	<input type="text"/>