

# Medical Data Consent Form

This **medical data consent form sample template** provides a clear and concise way to obtain patient authorization for the use and sharing of their medical information. Designed to comply with privacy regulations, it ensures transparency and protects patient rights. Easily customizable, this template streamlines the consent process for healthcare providers.

## Patient Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

## Purpose of Consent

I, the undersigned, hereby give my consent to **[Healthcare Provider Name]** to collect, use, and share my medical information for the purposes of diagnosis, treatment, billing, and coordination with other healthcare professionals as necessary for my care.

## Information to be Disclosed

- Medical history and treatment records
- Laboratory and test results
- Billing and insurance information
- Other:

## Recipient(s) of Information

I authorize the release of my medical data to the following individuals or organizations (e.g., specialists, insurance providers):

## Consent Validity

This consent is valid from:  to

## Patient Rights

- You may withdraw your consent at any time by notifying us in writing.
- Your medical information will be handled in accordance with applicable privacy laws.
- You have the right to access and request corrections to your medical data.

## Declaration and Signature

I confirm that I have read and understood this consent form. I voluntarily agree to the terms described above and authorize the use and disclosure of my medical information as outlined.

Patient Signature:

Date:

Witness/Provider Signature:

Date: