



**Dr Andrew Iles**  
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### Consent to share my information with others

I,		
	<i>Insert your full name</i>	<i>Insert your date of birth</i>
of		
	<i>Insert your address</i>	
give my consent to Dr Andrew Iles and his office to share information about my care with:		
<i>Insert name and address of third-party (e.g. your family member, your private medical insurer, your employer/university etc)</i>		
Any information which I do not wish Dr Andrew Iles and his office to share is listed/detailed below.		
<i>Please list/detail the information which you do not wish Dr Andrew Iles and his office to share. Or, write "not applicable" or "n/a"</i>		
Signed		
Dated		

### Important notes

For information about how Dr Andrew Iles and his office use your data, please visit [www.drandrewiles.co.uk/privacy-policy](http://www.drandrewiles.co.uk/privacy-policy)