



COLLECTION OF PERSONAL PAPERWORK

All elements of this form must be fully completed for it to be accepted

I, _____, the patient consent to the following named persons to collect prescriptions* / laboratory results* / insurance paperwork* (*delete as applicable) from RocDoc on my behalf until _____ (max duration is 8 weeks).

Named persons

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I understand health check reports, referral letters and any form of sick cert (whether this be a private or HSE cert) can only be collected by myself.

I understand that this person may be asked for photo ID in order to collect these items, should they not have this and the receptionist(s) do not know the person then these items may not be handed to them.

I understand that the above items may not be in a sealed envelope and that the person collecting these items may read personal information about myself and I do not hold RocDoc responsible for this.

I also understand that once these items have been collected then RocDoc is not liable for any GDPR breaches.

Patient signature

Today's Date