Authorisation to Contact and Inform Your GP

Your GP usually knows your health best and stays at the centre of your care. So that your assessment and any treatment are safe and joined up, Dr Szigeti asks your permission for two things: to contact your GP and ask for relevant medical information, and to inform your GP of your diagnosis and treatment. What you tell a psychiatrist is confidential, so neither happens without your authorisation — and you are free to say yes to both, to one, or to neither. Please read this page, then complete and sign page 2, and return the form through the encrypted upload link we send you with it, or hand it in when we meet — please do not send it back by email or WhatsApp. If anything is unclear, ask us before you sign.

A. Who is asking for your authorisation

Dr Attila Szigeti, Consultant Psychiatrist — Medical Council registration (MCRN) 410794, Specialist Register
Seaward Clinic, c/o Dún Laoghaire Therapy Centre, 98 Patrick Street, Dún Laoghaire, Co. Dublin, A96 R282
Telephone +353 83 017 1419 · info@seawardclinic.com · www.seawardclinic.com
Healthmail, the secure clinical email your GP can use to reply: attila.szigeti@healthmail.ie

B. What you are asked to authorise — *two separate decisions*

1. Contacting your GP and asking for information

- Dr Szigeti contacts your GP's practice by Healthmail (the health service's secure email for clinicians) or through an encrypted link, never by ordinary email, and may discuss your care with your GP by telephone.
- He asks only for what is relevant to your assessment and treatment: your medical history, current medicines and allergies, recent results such as blood tests, ECG, blood pressure and heart rate, and earlier mental-health letters or reports.
- Contacting your GP necessarily lets the practice know that you are attending Seaward Clinic.

2. Informing your GP of your diagnosis and treatment

- After your assessment Dr Szigeti sends your GP the written report — the diagnosis, if there is one, and the treatment recommended or started, including any medication — and a letter after later reviews or changes to your treatment.
- Where treatment needs it, he asks your GP for routine checks (for example blood pressure, heart rate and weight) and, later and only if your GP agrees, may arrange for your GP to continue a stable prescription.
- Only what your GP needs for your care is shared, and you receive your own copy of the report.

C. Your choice and your rights — *please read before you decide*

- **It is your decision.** The two are separate, and saying no does not affect your access to assessment.
- **If you say no.** Some treatment — in particular medication that needs physical checks, or that your GP may later be asked to continue — can be given safely only when your GP is involved. Dr Szigeti will explain what your decision means for your treatment, and what can and cannot safely be offered. You remain free to give your GP a copy of your report yourself.
- **You can change your mind at any time** by telling Dr Szigeti or any member of the practice. The change applies from then on; it cannot undo what has already been shared.
- **How long it lasts.** Your authorisation stays in place while you are under the care of Seaward Clinic, unless you change it. It covers only the GP or practice named on page 2: if you change GP, please tell us and complete a new form.
- **The limits of confidentiality.** In rare situations a doctor may have to share information without consent: a serious and imminent risk of harm to you or another person, safeguarding concerns involving a child or a vulnerable adult, or where the law or a court requires it. Wherever possible we would discuss it with you first.
- **This form and our Consent Form.** Section D of the Consent Form asks a shorter question about GP correspondence. This form is more detailed: if your answers differ, we follow the form you signed most recently and, if in doubt, we ask you.
- **A copy for your GP.** If you give an authorisation, your GP may be sent a copy of this signed form.

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D. Your details

Full name: _____ **Date of birth:** _____

Address and Eircode: _____

Mobile: _____ **Email:** _____

E. Your GP — *the GP or practice this form applies to*

GP's name: _____ **Practice name:** _____

Practice address: _____

Telephone: _____ **Email or Healthmail (if known):** _____

☐ I do not have a GP at present. *(Complete Section D and sign in Section G: we will talk about this at your appointment.)*

F. Your decision — *tick one box in each part*

1. Contacting my GP and asking for information

☐ **I authorise** Dr Attila Szigeti, Consultant Psychiatrist (MCRN 410794), of Seaward Clinic, to contact the GP named in Section E about my care and to ask for information relevant to my assessment and treatment — my medical history, current medicines and allergies, recent test results, and earlier mental-health letters or reports. I authorise my GP to give him that information.

☐ **I do not authorise** Dr Szigeti to contact my GP or to ask my GP for information about me. I have read "If you say no" in Section C.

2. Informing my GP of my diagnosis and treatment

☐ **I authorise** Dr Szigeti to inform the GP named in Section E of my diagnosis and of my treatment, including any medication — by sending the written report of my assessment and letters after later reviews or changes — and to coordinate my treatment with my GP, including the routine checks it may need.

☐ **I do not authorise** Dr Szigeti to inform my GP of my diagnosis or of my treatment. I have read "If you say no" in Section C and understand that this may limit the treatment that can safely be offered to me.

If neither box or both boxes are ticked in a part, we will treat that part as not authorised until we have spoken to you.

G. Declaration and signature

I have read (or had read to me) and understood this form, and my questions have been answered. I am aged 18 or over. The decisions recorded in Section F are my own and freely made. I understand that I can change or withdraw them at any time, and that, where I have given an authorisation, a copy of this form may be sent to my GP.

Patient signature: _____ **Date:** _____

If you complete this form on screen, type your full name in the signature box; if you print it, sign it by hand.

Data protection. *Contacting your GP and informing your GP are among the optional choices described in our privacy notice for patients: they rest on your consent (Article 6(1)(a) GDPR), which this form records and which you can withdraw at any time. The health information exchanged is handled under professional secrecy (Article 9(2)(h) GDPR; section 52, Data Protection Act 2018) and under the duty of medical confidentiality in the Medical Council's Guide to Professional Conduct and Ethics (9th edition, 2024). The notice (seawardclinic.com/privacy, and on paper at the practice) sets out the legal bases in full, your rights of access and correction, how long records are kept, and how to complain to the Data Protection Commission (www.dataprotection.ie).*

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