F**IRSWAY** H**EALTH** C**ENTRE**

**Guide for Patients on making a request for Private Letters/Reports or ‘To Whom it May Concern Letters’ for Third Parties**

Our doctors are frequently asked to provide private or ‘To Whom it May Concern’ letters or reports for third parties. The preparation of these letters or reports is not covered by the NHS and the doctor must complete them when pressure of work allows and as such **there is a fee payable**. All letters require the doctor to review a patient’s medical records to ensure that the information provided is correct**. The GP will only provide factual** **evidence that is available from your medical record.** Any requests for amendments to the letter may incur an additional fee and will only be done if the GP considers the amendment to be appropriate/accurate. The GP’s decision is final.

**Please note: private letters do not take priority over NHS work and hence may take some time to prepare. This will take 10 working days to be completed.**

GPs no longer counter-sign passport applications nor can they provide letters to confirm address or residency as there is no means of them being able to verify this information.

If you wish to request a private letter, please complete the form overleaf and submit this through email (trccg.firsway.enquiries@nhs.net) or to a member of the reception team where able. You will be advised of the fee payable (by bank transfer or cheque/ cash when surgery is open) and upon payment, the GP will be asked to complete the request. You will be notified when your request has been completed. Please note that when you submit your request, you will be asked to provide ID.

Please make sure the patient signs a consent form on their request. No form of private work will be processed without patient consent unless providing proof of Lasting Power of Attorney.

**Firsway Health Centre**

**Request for Private Letter/Report or ‘To Whom it May Concern Letter’ for Third Parties**

|  |  |
| --- | --- |
| Patient’s Name: |  |
| Patient’s Address: |  |
| Patient’s Telephone Number: |  | Patient’s Date of Birth: |  |

**Type of letter required:**

|  |
| --- |
| Please specify the information you require: |

**Patient Signature:** ………………………………………………………………… **Date Submitted:** ..…………………..………………

Please submit your request through email (trccg.firsway.enquiries@nhs.net) or to reception, when the surgery is open, who will advise on the fee payable for your request. This can be paid by bank transfer. ***Payment must be made before the work is completed and may take up to 10 working days.*** You will be notified when your request is available. A complete fee list is provided on our website.

*For office use:*

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| --- | --- | --- | --- |
| ID Verified: | Y/N | Fee Paid: | Y/N |