

All correspondence to:
 Office 2, 266 Banbury Road
 Oxford, OX2 7DL

Tel: 01865 630111

Email: office@drandrewiles.co.uk

Office hours: Monday to Friday 9am to 5pm

Form B: authority for third parties to disclose my information to The ADHD and Autism Clinic

I,		
	<i>Insert your full name</i>	<i>Insert your date of birth</i>
of		
	<i>Insert your full name</i>	
give my consent for		
	<i>Insert name and address of third-party (e.g. your GP surgery, your NHS psychiatrist, your employer etc)</i>	
<p>to disclose the information requested by The ADHD and Autism Clinic in the attached email or letter. I am aware that if I do not wish for the above named third party to disclose specific information it is my responsibility to inform them of my wishes.</p>		
Signed		
Dated		

Important notes

Please send the requested information to the address at the top of this letter, i.e. Office 2, 266 Banbury Road, Oxford, OX2 7DL.

For information about how The ADHD and Autism Clinic use your data, please visit www.adhdandautismclinic.co.uk/privacy-policy