
Taxi and private hire driver licensing

- consent to release patient records

to: _____ [doctors surgery name and address]

For the purpose of assessing my fitness to drive a motor vehicle to DVLA

Group 2 standards in the UK as a taxi or private hire driver:

I, _____ [patient full name]

DOB: ____ / ____ / ____

of: _____ [patient address]

hereby give my consent to: _____ [doctors surgery name]

providing a written copy (hard or electronic) of my full and complete medical history directly to:

Doctor _____ [commercial doctor full name]

GMC registration no: _____ [commercial doctor reg no.]

of: _____ [commercial doctor company address]
_____ [commercial doctor secure email address]

I understand that the details I have requested will be provided within one month of my request.

_____ [patient signature] ____ / ____ / _____ [date]

Note to GP surgery

This completed, written consent is intended to support a Subject Access Request made under Article 15 GDPR by a patient who is registered at your surgery. If you have any queries in relation to the need for the request please contact Elmbridge Borough Council as the local authority with the responsibility for issuing a taxi or private hire driver licence.

Licensing team contact:

Tel: 01372 474738
Email: licensing@elmbridge.gov.uk



Elmbridge
Borough Council