

The Grove Medical Centre

Hello

I would like to take this opportunity to introduce myself - Kim - the designated Carer Champion for The Grove Medical Centre. You might already have seen me around the surgery – I have worked here for a while in Reception / behind the scenes in Administration.

In order to provide you with the best support we can, with your consent, I would like to pass your name on to ‘Carers in Hertfordshire’ when you return the enclosed form to me. Carers in Hertfordshire (CiH) are a voluntary organisation who can provide you with assistance in a number of ways, including financial advice and information on practical and emotional issues that can crop up from time to time.

How we can support you

- As a Carer, you may struggle to attend appointments at the Surgery because you need to arrange respite support. As a surgery, we would like to be as flexible as possible with appointment times offered to you to enable you to attend. Please help us do this by identifying yourself as a Carer when you contact the surgery.
- Being a Carer entitles you to an annual flu jab and we also offer Carers an NHS Health Check.
- We understand that Caring can be very stressful and demanding, with little or no thanks or recognition. If you find yourself struggling or having difficulties, please feel free to contact me – sometimes just having the opportunity to discuss things with another person can be enough. If I’m unable help, I will put you in touch with someone who can.

My contact number is 02085383959 and I normally work from 8:30am – 4.30pm, Tuesday to Thursday. If you would like to talk with me, please give me a call or leave a message at reception if I’m not around. I will call you back and we can arrange a time to suit both of us.

Rules of Confidentiality

Although you are a Carer, the rules of confidentiality do not automatically mean we are able to discuss medical matters on behalf of the person you Care for. If the person you Care for is a patient of this Practice, please ask the Cared for person to complete the attached Consent below and return it to me at the Surgery.

[Kim Bergman)– Practice Carer Champion

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I (Cared for person) consent to (Carers name)
to have authority on my behalf to discuss my health and any associated investigations / medical results regarding my healthcare.

Signed: Print name: Date: