

Insert GP's name and address here  
To: Dr

**Consent to disclose information to the General Chiropractic Council (GCC)**

I (insert name) \_\_\_\_\_ agree to the disclosure of information about my physical and mental to be forwarded to the GCC.

I understand that the provision of this information is an integral part of the GCC's registration process and is required by statutory instrument as explained in the GCC [Information Note for General Practitioners](#).

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_