

## Third Party Patient Complains Consent Form

Please note that we keep strictly to the rule of medical confidentiality. If you are complaining on behalf of a patient then the consent of the patient will be required. Please obtain the patient's signed consent below:

### SECTION 1: PATIENT DETAILS

<b>Surname</b>		<b>Title</b> (i.e. Mr, Mrs, Ms, Dr)	
<b>Forename</b>		<b>NHS number (if known)</b>	
<b>Date of birth</b>		<b>Address:</b>	
<b>Telephone No.</b>		<b>Postcode:</b>	

### SECTION 2: THIRD PARTY DETAILS

<b>Surname</b>		<b>Forename</b>	
<b>Title</b> (i.e. Mr, Mrs, Ms, Dr)		<b>Address:</b>	
<b>Telephone No.</b>		<b>Postcode:</b>	

### SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only\*.

Where a limited period applies, this authority is valid until ...../...../..... (insert date)\*.

(\* Delete as necessary)

### SECTION 4: SIGNATURE

<b>Patient Name</b>		<b>Date</b>	
<b>Patient Signature</b>			
<b>Complainant Name</b>		<b>Date</b>	
<b>Complainant Signature</b>			