

Patient and Third-Party (Patient Consent) Complaint Form

Patient Name:	Forename:	Surname:
Date of birth:		NHS No:
Address:		
Contact Number:		

Third Party Consent

If you are making a complaint on behalf of a patient or your complaint or enquiry involves the medical care of a patient, please complete your details below as the consent of the patient will be required.

Name of person making the complaint on behalf of the patient (please enter your details)

Complainant Name:	Forename:	Surname:
Complainant's relationship to patient:		
Address:		
Contact Number:		

Please obtain the Patient's Signed Consent below. If you are making a complaint on behalf of someone else, please ask the patient to give their consent.

	<p>You can grant consent to all the purposes of use, some of them, or none.</p> <p>Where a patient does not grant consent then the Practice will not be able to use their personal data, except in certain limited situations, e.g., where required to do so by law, or to protect the public from serious harm.</p> <p>A. I fully consent to my doctor releasing information to, and discussing my care and medical records with, the person named above.</p> <p>B. This authority is for an indefinite period / for a limited period only (<i>delete as appropriate</i>) Please give dates specified dates/time: Date(s): _____ Time period: _____</p> <p>C. Where a limited period applies, this authority is valid until _____ (<i>insert date</i>) Patient Signature: _____ Date: _____ Patient Name please print: _____</p>
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Please detail the complaint below, including dates, times, and the names of the practice personnel, if known (continue a separate page if necessary).

Complaint details:

Declaration

Print Name: _____ Date: _____

Please return completed forms for the attention of the Practice Manager