

If you are complaining on behalf of a patient, or your complaint or enquiry involves the medical care of a patient, then the consent of the patient will be required. The consent will not be required for a child if you have parental responsibility.

PATIENT THIRD-PARTY CONSENT

Patient's name:

Telephone number:

Address:

.....

.....

Enquirer / complainant name:

TELEPHONE NUMBER:

ADDRESS:

.....

.....

Please obtain the patient's signed consent below.

I fully consent to my Doctor releasing information, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

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

Signed: (Patient only)

Date: