



**Patient Complaint
Third-Party Consent Form**

Patient's Name:	
Patient's Date of Birth:	
Patient's Address:	
Complainant Name:	
Telephone Number:	
Address:	

If you are complaining on behalf of a patient then consent of the patient will be required. Please obtain the patient's signed consent below.

I fully consent to my Elm House Surgery releasing information to, and discussing my care and medical records with the complainant.

I hereby authorise the person named above to make this complaint on my behalf, and I agree that the practice may disclose to them (only insofar as is necessary to answer the complaint) confidential information about me.

Signed:..... (Patient)

Date:.....