

PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM

If we receive a complaint on behalf of a patient or a complaint or enquiry involves the medical care of a patient then the consent of the patient will be required.

Patient Name	
Telephone No.	
Address	

Enquirer/Complainant Name	
Enquirer / Complainant's Relationship to patient	
Telephone No.	
Email address	
Address	

I fully consent to my Doctor discussing the complaint regarding:

I understand that this may include disclosing information about my care and my medical records.

This authority will remain in place until this complaint is resolved. We may call the patient to verify this signature.

Signed _____ (*Patient*)

Date _____