

## Patient Complaint

### Third-Party Consent Form

<b>Patient's Name:</b>	
<b>Patient's Date of Birth:</b>	
<b>Patient's Address:</b>	
<b>Complainant's Name:</b>	
<b>Telephone Number:</b>	
<b>Address:</b>	

**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 Cator Medical Centre 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)

**Name:** ..... (Patient)

**Date:** .....