

Third Party Complaint Consent Form - Park Lodge Medical Centre

(To be completed by the patient wherever possible)

Full Name of Patient (Please print):

Address:

Postcode:

Date of Birth:

Your relationship or connection to person making the complaint on your behalf:

Your declaration

I hereby authorise:

(Please print the name of the person making the complaint on your behalf)

Address of person (if different from the above):

Postcode:

to act on my behalf and to receive such information as may be considered relevant to my complaint.

I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint, and only disclosed to those people who have consented to acting on my behalf.

Signature of Patient:

Date: