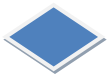
#### *Severnbank Surgery*

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Adopted: April 2018

Reviewed: 4.2.20 EM

**PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM**

|  |  |
| --- | --- |
| **Patient Name** |  |
| **Telephone No.** |  |
| **Address** |  |
|  |  |
| **Enquirer/Complainant Name** |  |
| **Enquirer / Complainant’s**  **Relationship to patient** |  |
| **Telephone No.** |  |
| **Address** |  |

**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.**

**Please obtain the patient’s signed consent below.**

I fully consent to my Doctor releasing information to, and discussing my care and medical records with, the person named above.

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*) Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm your consent to one or more of the following;

* **Yes please, I would like to receive communications by email**
* **Yes please, I would like to receive communications by telephone**
* **Yes please, I would like to receive communications by mobile phone including text message**
* **Yes please, I would like to receive communications by post**

You can grant consent to all the purposes of use, some of them, or none.

Where a patient does not grant consent then the Practice will not be able to use their personal data**,** except in certain limited situations, e.g. where required to do so by law, or to protect the public from serious harm.