

**Patient Third-Party Consent**

If you are complaining on behalf of a patient or your complaint/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.

Patient Full Name: ..... Date of Birth: .....

Address: .....

..... Telephone: .....

Date of Complaint/Enquiry: .....

Complainant / Enquirer's Name: .....

Address: .....

..... Telephone: .....

Relationship to Patient: .....

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

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 only) Dated: .....