

PARK PARADE SURGERY – PATIENT 3RD PARTY CONSENT FORM

Patient name	
Address	
Contact telephone number	
Name of person acting on behalf of patient	
Address	
Contact telephone number	

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(print name) fully consent to my GP releasing information to and/or discussing my care and medical records with the person name above, in relation to this complaint only, 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, the authority is valid until.....(date).

Signature of patient.....

Date.....