**Patient complaint form and third party complaint form- patient consent.**

**Patient Name**

**Forename:**

**Surname:**

**Date of Birth:**

**Telephone No:**

**Address:**

**Third Party Consent**

If you are making a complaint on behalf of a patient or your complaint or enquiry involves the medical care of a patient please complete your details below and then the consent of the patient will be required.

Name of person making the complaint on behalf of the patient – please complete your details:

**Complainant Name**

**Complainant’s Relationship to patient**

**Telephone No.**

**Address**

Detail the complaint below, including dates, times, and names of practice personnel, if known. Continue on a separate page where necessary.

**Complaint details**

Continued:

**Print name**

**Signed**

**Date**

Please return completed forms to the Practice Manager- lodgesurgery@nhs.net

Please obtain the Patient’s Signed Consent below. If you are making a complaint on behalf of someone else, please ask the patient to give their consent;

**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.

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

B) This authority is for an indefinite period / for a limited period only (delete as appropriate) Please give dates specified dates/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C) Where a limited period applies, this authority is valid until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert date)

**Signed of Patient**

**Date**

**Patient Name please print**: