**Padiham Group Practice**

**36 Burnley Road**

**Padiham, BB12 8BP**

**Doctors Savage, Fleming, Appleyard, Narayana & Hussain**

# Patient Third-Party Enquiry / Complaint Consent Form

|  |  |
| --- | --- |
| **Patient Name:** |  |
| **Telephone No:** |  |
| **Address:** |  |
| **Enquirer / Complainant Name:** |  |
| **Telephone No.** |  |
| **Address:** |  |

If you are making an enquiry or 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 (Insert Name)** ………………………………………………………………………………..

Give full consent to my doctor releasing information to, and discussing my care and medical records with the person named above in relation to this enquiry / complaint, and I wish this person to enquire / 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):**…………………………………………………………………………….

**Print Name:** ………………………………………………………………………….……..

**Date:** …….………………………………………………………………………….……….

***Please ensure the form has been signed by the Patient***

***and return it to the Practice Manager.***