



Patient Third Party Consent Form

Patient's name.....

Patient's NHS No.

Patient's surgery

Patient's telephone no.

Patient's address

.....

Acting Complainant's name

Relationship to patient

Preferred method of communication post / email / telephone
(circle as appropriate)

Contact details.....

If you wish to submit a complaint on behalf of the above named patient then the consent of the patient will be required. Please obtain the patient's signed consent below and ask an independent witness to countersign the consent form.

I fully consent to North Norfolk Referral Management Service releasing information to, and discussing my care and the service they have provided to me with, the above named person in relation to this complaint, and I wish this person to complain on my behalf.

This consent is for an indefinite period / for a limited time only
(circle as appropriate)

Where a limited time applies, this consent is valid until
(insert date)

Signed (patient)

Date

Signed (*witness*)

Address

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