

MOUNTJOY FAMILY PRACTICE

COMPLAINT FORM – PATIENT THIRD PARTY CONSENT

Patients full name	Date of Birth.....
Address.....	
..... Post Code.....	
Telephone Number.....	

Enquirer/ Complainants Full name	
Relationship to Patient	
Address	
..... Post Code.....	
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 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 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, this authority is valid until.....(insert date)

Signed: (Patient only)

Date: