**Complaints Handling Procedure – Consent Form**

**DATIX No:**

**Consent to release patient information to a third party**

I hereby authorise NHS Lothian to disclose personal information relating to my healthcare to the person(s) named below for the purposes of replying to a complaint.

1. **Name and address of person to whom disclosure is to be made:-**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Tel:** |  |
| **Relationship to patient**, (e.g. relative, friend, MP/MSP, Scot Gov etc) |  |

Repeat if more than one person to whom disclosure is to be made.

1. **Patient’s details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address** |  |
| **Tel:** |  |
| **Date of Birth:** |  |

I understand that to ensure a comprehensive response to my complaint, staff’ who are bound by a code of confidentiality, will have to refer to my medical record, and I have no objection to this.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

1. **The patient is unable to give consent.**

I am the patient’s**Parent/ Next of Kin/ Guardian/ Power of Attorney/ Representative/ Executor**(please delete as appropriate)

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |
| **Print Name:** |  |
| **Relationship to Patient:** |  |
| **Reason patient unable to sign:** |  |

# *Please enclose the original or a certified copy of the Welfare Power of Attorney or Guardianship documentation if relevant.*

Please return the signed and completed form to:

Email: LOTH.Feedback@nhs.scot

Post: NHS Lothian, Waverley Gate, 2 – 4 Waterloo Place, Edinburgh, EH1 3EG