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.

2. **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:	

3. **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