

**WESTSIDE SURGERY**

**PATIENT COMPLAINT – THIRD PARTY CONSENT FORM**

If you are complaining on behalf of someone else or your complaint or enquiry involves the medical care of someone else, then the consent of that patient is required.

*Please print clearly*

Patient's name: .....

Patient's telephone number: .....

Patient's address: .....  
.....

Your name: .....

Your telephone number: .....

Your address: .....  
.....

**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.

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)

Date.....