

PATIENT COMPLAINT - CONSENT TO REPRESENTATIVE FORM

Patient Name	
Telephone Number	
Address	
ID Provided (photo and address)	
Representative Name	
Representative's Relationship to Patient	
Telephone Number	
Address	
ID Provided (photo and address)	

Section to be completed by the Patient:

I have asked the person named as my representative above to submit a complaint on my behalf to the Middlewood Partnership. I fully consent to the Middlewood Partnership releasing information to, and discussing my care and medical records with, my representative.

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 _____

Section to be completed by the Representative:

I confirm that I have agreed to act as the representative of the patient named above, and I undertake to act in their best interests.

Signed _____ (*Representative*) Date _____