

Buckden and Little Paxton Surgeries

Patient Third-Party Enquiry Consent Form

Patient Name:	
Telephone No:	
Address:	
Enquirer / Complainant Name:	
Telephone No.	
Address:	

If you are making an enquiry or 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 (Insert Name)
fully consent to my doctor releasing information to, and discussing my care and medical records with the person named above in relation to this enquiry / complaint, and I wish this person to enquire / 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):

Print Name:

Date:

***Please ensure the form has been signed by the Patient
and return it to Michelle Carroll, Practice Manager at the Practice.***