

# Penketh Health Centre

## Consent Request Form for 3<sup>rd</sup> Party to act as Complainant

### How do I complete this form?

- If you, the patient, are requesting someone else to make a complaint on your behalf (e.g. a family member, a friend, or an advocate), you should complete and sign **Section 1**.
- In some circumstances it is not possible for the patient to give their written consent; therefore, authorisation may be given by a parent/guardian, attorney under a registered Lasting Power of Attorney (Health and Wellbeing) or executor of the estate or beneficiary of the estate, etc. In these circumstances the Head of Complaints will require copies of the relevant documentation to evidence the relationship of the complainant to the patient. Where you are the complainant please complete **Section 2**, attaching the relevant copy documentation.
- In circumstances where a complaint relates to multiple healthcare organisations we required the patient's consent to approach these organisations and for those organisations to share the patient's information. The authorisation must be given by the named patient where possible. If you are the patient, please complete and sign **Section 3** only. Where you have requested someone else to make a complaint on your behalf, you should complete **Sections 1 and 3**. Where it is not possible for the patient to give their written consent, the complainant should complete **Sections 2 and 3**.

Once the form has been completed please return this with any relevant copy documentation to the Head of Complaints, Penketh Health Centre, Honiton Way, Penketh, Warrington, WA5 2EY.

The patient / complainant may withdraw their consent at any time by contacting the Head of Complaints on **01925 725644** or by writing to the Head of Complaints at the same address.

## PATIENT DETAILS

Please print clearly in the sections below and provide as much information as possible.

Patient's full name:	
Patient's date of birth:	
Patient's address:	
Patient's telephone number	

### SECTION 1 - Consent for another person to raise concerns on my behalf.

Name of Complainant:	
Address of Complainant: (if different from the patient)	
Telephone number of complainant:	
Relationship to patient: (e.g. mother, son, friend, Advocate)	

I authorise the above-named person to act on my behalf in relation to the concerns raised. I understand this may involve details and information relating to my confidential clinical records being shared with the above-named person and I am happy for Penketh Health Centre to do this.

Signature of Patient:		Date:
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**SECTION 2 - Authority for Penketh Health Centre investigate concerns where consent cannot be obtained from the patient.**

Name of Complainant:	
Address of Complainant:	
Telephone number of Complainant:	
Relationship to patient: (eg mother, son, friend, advocate etc)	

Copies of documents enclosed to evidence this relationship:

Birth Certificate	
Power of Attorney	
Will	
Other (please write name of documents)	

I, acting on behalf of the patient (named above), authorise Penketh Health Centre to investigate the concerns raised on behalf of the patient.

Signature of complainant:		Date:
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**SECTION 3 - Consent allowing Penketh Health Centre to approach other healthcare organisations in order to investigate the concerns raised.**

I understand that Penketh Health Centre will approach other healthcare organisations (listed below) involved in my care in order to investigate the concerns raised and I authorise those organisations to share my personal information with, and to provide the relevant copy documentation to, Penketh Health Centre who will respond to my concerns.

Other Healthcare Organisations	
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Signature of Patient (or complainant):		Date:
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