CONSENT FORM

**Section 1- Your details & consent**

To enable us to support you with your NHS complaint, we need your written permission. **Please complete this section if you are the patient**

|  |  |
| --- | --- |
| Patient name |  |
| Patient address |  |
| Telephone |  |
| Email address |  |
| Date of birth |  |
| How did you hear about us? Please circle. | Leaflet Web site PALS Health Professional e.g. GP  Word of mouth Other (please state)…………………………………………….. |

I, the patient, confirm that I give my consent for Healthwatch Halton’s Independent Health Complaints Advocacy Service to undertake work on my behalf, view my medical records and other personal information relevant to my complaint and contact third parties on my behalf if they are relevant to my complaint.

I understand that Healthwatch Halton will keep all information it receives about me and my case strictly confidential and that I will also see all information that it receives on my behalf. (Please note anonymised details of your case will be monitored and shared with Halton Borough Council and other relevant organisations to assist in the performance monitoring of the NHS, but no personal details/ information will ever be shared).

|  |  |
| --- | --- |
| Patient signature |  |
| Date |  |

**2- Representative Details**

**If you are not the patient and are making a complaint on behalf of someone else, please complete this section.**

I have been nominated by the patient to act on their behalf to make their complaint as their representative.

|  |  |
| --- | --- |
| Full name of patient |  |
| Patient’s date of birth |  |
| Your name |  |
| Your signature |  |
| Your address: | |
| Email address |  |
| Telephone number |  |
| Your relationship to the patient |  |
| Patient’s signature  ( I the patient authorise the above named person to act as my representative to make the complaint on my behalf) |  |
| If the patient is unable to give their consent for you to act as their representative, please explain why: (e.g. patient is deceased/ patient lacks capacity/ patient is a child) |  |