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Patient Third-Party Enquiry / Complaint 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 (circle appropriate option).

Where a limited period applies, this authority is valid until _____
(please insert date)

Signed (Patient):

Print Name:

Date :
