

# Buckden and Little Paxton Surgeries

## Patient Third-Party Enquiry Consent Form

<b>Patient Name:</b>	
<b>Telephone No:</b>	
<b>Address:</b>	
<b>Enquirer / Complainant Name:</b>	
<b>Telephone No.</b>	
<b>Address:</b>	

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 the Practice Management team; either Lauren Farmer or Sarah Cosby.***