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GEORGE CLARE SURGERY



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Patient Third-Party Enquiry / Complaint Consent Form

Patient Name:	<Patient Name>
Telephone No:	<Patient Contact Details>
Address:	<Patient 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 Melissa Morley/Shannon Munns at the Practice.***