**CONSENT TO INVESTIGATE & RELEASE INFORMATION TO A THIRD PARTY**

|  |  |
| --- | --- |
| Case Number: |  |
| Name of complainant: |  |
| Address: |  |
| Telephone number: |  |
| Relationship to patient: |  |
| Name of the patient’s Next of Kin if different from above |  |
| If the patient is under 16 years of age, please provide the full name of the parent/legal guardian: |  |

**On behalf of:**

|  |  |
| --- | --- |
| Patient’s full name: |  |
| Patient’s date of birth: |  |
| Patient’s address: |  |
| Patient’s telephone number: |  |

***\*Choose paragraph required***

***[Patient signing Consent Form]***

I understand that the person named above has made a complaint on my behalf and that in order to investigate the complaint, it will be necessary for you to approach the staff responsible for my care. It will also be necessary to access my NHS Health Records and any relevant private records held at [University Hospitals Bristol NHS Foundation Trust] [North Bristol Trust] [other organisation]. I understand that the information may include details of a confidential and sensitive nature. I hereby give my written permission for this to be shared with the complainant named above.

***[Next of Kin signing Consent Form]***

I understand that the person named above has made a complaint on behalf of ………………………………………… in order to investigate the complaint, it will be necessary for you to approach the staff responsible for their care. It will also be necessary to access their NHS Health Records and any relevant private records held at [University Hospitals Bristol NHS Foundation Trust] [North Bristol Trust] [other organisation]. I understand that the information may include details of a confidential and sensitive nature. As the patient’s Next of Kin, I hereby give my written permission for this to be shared with the complainant named above.

***[Next of kin signing when patient is deceased]***

I, the undersigned, wish to make a complaint on behalf of…………………………………………………………. I acknowledge that in order to investigate this complaint, it will be necessary for you to approach the staff who were involved in their care. I understand that it will also be necessary to access their NHS Health Records and any relevant records held at [University Hospitals Bristol NHS Foundation Trust][North Bristol Trust][other organisation]. I hereby give my written confirmation that, as the patients Next of Kin, I have all due rights and authorisation required to access the deceased patient’s details, which may be of a confidential and sensitive nature.

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Date |  |