



Patient Consent Form

If you are making a complaint on behalf of a patient we will need the patient's written consent confirming they have given you permission for our Patient Experience Team to provide you with specific details about their treatment and/or care.

The Trust's Patient Confidentiality Policy requires us to ask for a consent form to be signed by the patients themselves.

If your complaint involves another Trust, agency or GP practice, we will need the patient's consent to contact them and obtain information for a joint response.

If the complaint is regarding a deceased patient, the patient's next of kin must consent so that we can discuss their case with another party.

To be completed in BLOCK CAPITALS by the patient or patient's next of kin

Name of patient (or next of kin)
.....

Address of patient (or next of kin)
.....
.....
.....

I hereby authorise (name of complainant)
to act on my behalf and take up my complaint with the Dorset County Hospital NHS
Foundation Trust (and any other Trust, agency or GP practice that my complaint may
relate to) and for them to receive a written response at the end of the investigation. I

understand the details provided may contain information of a clinical and/or personal nature.

Signed by patient (or next of kin)

Date

Please note: This consent form does not allow access to Medical Records.