

Wallingbrook Health Group

Chulmleigh • Winkleigh

Dr Diana Wielink • Dr J E Timothy Burke • Dr Will Sherlock
Ms Karen Acott • Dr Deepun Gosrani • Dr James Jarvie

PATIENT THIRD-PARTY CONSENT

If you are complaining on behalf of a patient or your complaint involves the medical care of a patient then the consent of the patient will be required. Please obtain the patients signed declaration below: For further details please refer to the Complaints Leaflet (available at reception).

Patient Full Name:

Address:

Telephone number:

Enquirer/complainant Name:

Address:

Telephone number:

Declaration:

I fully consent to my Doctor releasing information to, and discussing my care and medical records with (*insert name*) in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for ***an indefinite period/a limited period only** (**delete as appropriate*)

Where a limited period applies, this authority is valid until..... (*insert date*)

Signed:..... (patient only)

Print Name:..... (patient only)

Date:.....

Correspondence to: Wallingbrook Health Centre, Back Lane, Chulmleigh,
Devon, EX18 7DL. Tel 01769 580295. Fax 01769 581045

VAT Registration Number 879082282

*Please note that all calls to and from the surgery are recorded and may be monitored for quality and training purposes.

"Together we build happy, healthy communities"
www.wallingbrook.co.uk