

Form 1 - Consent to make a complaint/raise a concern on patient/service user's behalf

If you are making a complaint/raising a concern on someone else's behalf, we will require their permission to investigate the issues raised¹

RCHT Ref:

1. Patient/service user details (person whose records will be accessed)

Surname

Forename(s)

Date of Birth Hospital No. (if known)

Address

Postcode

2. Details of complainant

Surname

Forename(s)

Address

Postcode

 

Relationship to Patient/Service User

In order to process your complaint, we require consent from the patient/service user with accompanying patient/service user ID

Patient/Service User Declaration:

- I give my consent for details of my health and healthcare to be disclosed to my nominated representative. I agree that Royal Cornwall Hospitals Trust (RCHT) may disclose to my representative such information that is considered necessary in resolving my complaint. I understand that this might involve the disclosure of highly sensitive information.
- I give consent for the Investigating Officer at RCHT to send my complaint to any other relevant providers of my care on my behalf, asking them to investigate and provide RCHT with a response to

¹Where the patient lacks capacity, their consent is not required but evidence that the complainant is an appropriate advocate and acting in the best interest of the patient *ie Lasting Power of Attorney (H&W)* see **Section 4 overleaf**

the issues raised. I give consent for the investigating officer at RCHT to receive and have access to my hospital and other medical records for the purpose of the investigation (if applicable).
Please choose one of the following options (*✓ your preference*)

I would like the response sent to me as the patient/service user named above ([Section 1](#)); **or**

I would like the response sent to the complainant named above ([Section 2](#))

3. Patient/service user identification provided (with consent)

ID Type - **one** required (*✓ all ID provided/verified*)

Current passport

Photographic driving licence **OR**

ID Type - **two** required (*✓ all ID provided/verified*)

Birth certificate Bank statement* (*dated last 3 months*)

Utility bill* (*dated last 3 months*) Council tax bill* (*current year*)

**Address to match that held on hospital patient administration systems*

Patient signature

Date

4. Complainant is an appropriate advocate of the patient/service user and is acting in their best interests and has legal authority to access their personal information

Legal basis confirmed – original or certified copy only (*✓ appropriate legal authority*)

Lasting Power of Attorney (Health and Welfare) **OR**

Deputyship issued by Court of Protection (access to health information specified in Court Order)

OR Other legal basis for access *please specify below*

Complainant (Third Party) Declaration:

I understand it is an offence to attempt to obtain information relating to another person without their consent or, without lawful grounds to do so.

Complainant signature

Date