



CONSENT FORM

Agreement for Personal Patient/Client Information to be released for use in the Northern Ireland Ambulance Service HSC Complaints Procedure

I, (Insert Name)	
Of (Insert Address)	
	Postcode:
Date of Birth (DOB)	/ /
Patient's Signature	
Date	

OR

I, (Insert Name)	
Of (Insert Address)	
	Postcode:
am complaining on behalf of (Insert Patient's Name)	
Of (Insert Patient's Address)	
	Postcode:
Patient's DOB:	/ /
My relationship to the patient is (insert relationship eg wife, son, mother etc). The patient can/cannot sign this form (delete as appropriate).	
Signature of Patient (if applicable)	
Date	

Signature of Complainant: _____ **Date:** _____

All HPSS staff have a duty of confidence to ensure that any personal information held on members of the public (which includes medical records and personal "non-health" information such as patient's or client's name and address or details of his or her financial or domestic circumstances) is not used for a different purpose or passed to anyone else without the consent of the provider of the information or someone formally appointed to act on their behalf.

Form to be returned to: Admin and Complaints Manager, Northern Ireland Ambulance Service, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG