

Permission to act on my behalf

Consent Form

I, (patient's name)

of, (address)

Please tick one option:

- I do authorise IHCAS West Sussex and my parent(s)/Legal guardian(s) and or _____ to act on my behalf and I give my permission for the release of the relevant personal details which relate to my complaint(s)/concern(s).

Therefore, I am confirming that:

1. I am aware access to personal information or records may be required for the matter to be investigated and responded to.
2. Permission is given to IHCAS Healthwatch West Sussex to liaise with relevant external agencies.

- I do not authorise _____ to act on my behalf and I will not give my permission for the release of personal details.

Signed

Date

You can withdraw your consent at any time by calling the IHCAS Team on 0300 012 0122, by emailing ihcas@healthwatchwestsussex.co.uk or writing to the address below.

Please return completed form as soon as possible to avoid delay either to:

Email: ihcas@healthwatchwestsussex.co.uk

Post: Healthwatch West Sussex, A49, Aerodrome Studios, Christchurch, Dorset, BH23 3TS