

Where the complainant is not the patient, the Practice must have the consent of the patient concerned and will therefore need the following authority signed by the patient:

I (the patient)

authorise the complaint set out above to be made on my behalf by:

..... (the complainant)

and I agree that the practice may disclose to the complainant such confidential information about me as may be necessary in order to fully answer the complaint (and only in so far as it is necessary to answer the complaint).

Patient's signature: Date:

Please return this form to:

The Practice Manager
The Fairlands Medical Centre
Fairlands Avenue
Worplesdon
Guildford
Surrey. GU3 3NA