**Alnwick Medical Group - Third Party Consent Form**

I give my consent for the below representative to discuss my medical records, give feedback on my behalf and for Alnwick Medical Group to disclose any outcome along with details of any investigation into my medical history that is relevant to my complaint.

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| --- | --- |
| Patient name:  |   |
| NHS No. if known:  |   |
| Date of birth:  |   |
| Address:  |   |
| Patient Signature:  |   |

|  |  |
| --- | --- |
| Representative name:  |   |
| Reason for giving feedback on behalf of patient:  |   |
| Correspondence Address:  |   |
| Representative Signature:  |   |