

CONSENT FORM – NHS COMPLAINTS PROCEDURE
(PATIENT UNABLE TO CONSENT)

NAME OF PATIENT:	
DATE OF BIRTH:	

The above noted patient is unable to give their consent and I confirm that I am authorised to act on their behalf because I am their: *(please tick as appropriate)*

- Parent (with parental rights)
 Guardian (with parental rights)
 Appointed Next of Kin
 Welfare Guardian / Welfare Attorney
 Other (please explain)

NAME OF PERSON GIVING CONSENT:	
ADDRESS OF PERSON GIVING CONSENT	
REASON WHY PATIENT IS UNABLE TO CONSENT:	

Acting on behalf of the patient, I give my consent for a complaint about services provided to the patient by NHS Greater Glasgow to be raised by my representative.

Acting on behalf of the patient, I give my consent to NHS staff examining the patient’s confidential health information in order to investigate my complaint.

Acting on behalf of the patient, I give my consent to confidential health information about the patient being given to my representative, where necessary, in order to respond to the complaint.

Signed: Date:

NAME OF REPRESENTATIVE	Rona Mackay MSP
ADDRESS OF REPRESENTATIVE:	Enterprise House, Southbank Business Park, Kirkintilloch, G66 1XQ

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