



## CONSENT FORM

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

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

**OR**

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

**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**