

**CONSENT FORM  
(PATIENT/SERVICE USER ABLE TO CONSENT)**

**Patient/Service User's details:**

<b>Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	

**Please select the information you are consenting to be shared:**

<b>Renfrewshire Council</b>	<input type="checkbox"/>
<b>NHS</b>	<input type="checkbox"/>

I hereby authorise Renfrewshire HSCP to disclose personal information relating to my care to the person named below for the purposes of replying to a complaint/concern.

**Name and Address of person to whom disclosure is to be made:**

<b>Name:</b>	
<b>Address:</b>	
<b>Relationship to patient/service user:</b>	

I understand that to ensure a comprehensive response to my complaint/concern staff who are bound by a code of confidentiality may have to refer to my records and I have no objection to this.

When the complaint/concern raising concerns on my behalf has been send by email, I confirm I accept that the response will be sent to the complainant by email.

Signed..... Date.....

Please return to:

Complaints Renfrewshire HSCP Management Office 3 <sup>rd</sup> Floor Renfrewshire House Cotton Street Paisley PA1 1AL  Or by email: <a href="mailto:renfrewshireHSCP.complaints@ggc.scot.nhs.uk">renfrewshireHSCP.complaints@ggc.scot.nhs.uk</a>
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