



Consent Form

Before confidential information can be disclosed to a third party, this form needs to be completed and returned by the Patient/Service User (for all adults and children who are 18 and below, where consent can be provided) or their Next of Kin (NoK), if the Patient/Service User is unable to give their consent.

| Section 1 – Patient/Service User's Details (PLEASE PRINT) | | | | |
|--|--------------|---------------------|---------------------|-------|
| Title | | | | |
| Name | | | | |
| Address | | | | |
| | | | | |
| Telephone Number | | | | |
| Email Address | | | | |
| Date of Birth | | | | |
| Case Reference, if | | | | |
| known | | | | |
| Section 2 – Details of the | person infor | mation is to be sha | ared with (PLEASE P | RINT) |
| Title | | | | |
| Name | | | | |
| Address | | | | |
| Telephone Number | | | | |
| Email Address | | | | |
| Relationship to patient | | | | |
| Section 3 - Statement by the Patient/Service User or the NoK, where Patient/Service User is unable to consent. Please tick A (Patient/Service User) or B (NoK) as appropriate.A - I am aware the person detailed in Section 2 has requested a response from NHS Fife, which requires the review and disclosure of my personal details (i.e. name, address(es), email address), details of a complaint I have made to NHS Fife and confidential information relating to my healthcare. Accordingly, I hereby | | | | |
| give my consent for the dis | | | | |
| to a complaint. | | | | |
| Patient's signature | | | Date | |
| B - I am the Patient/Service User's NoK. They are unable to give consent. | | | | |
| NoK Name (PLEASE PRI | NT) | | | |
| NoK Signature | | | Date | |
| Relationship to Patient | | | | |
| Reason Patient/Service Us provide consent | ser cannot | | | |
| Please enclose a copy of the Welfare Power of Attorney or Guardianship if relevant. | | | | |





NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:

fife.EqualityandHumanRights@nhs.scot

or phone 01592 729130

Please return to: NHS Fife Patient Experience, Level 8, Phase 2, Victoria Hospital, Hayfield Road, Kirkcaldy, Fife, KY2 5AH or by email to <u>fife.patientexperience@nhs.scot</u>