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**NHS Western Isles – Consent Form for Handling Complaints.**

**Section 1: Patient Details**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CHI Number (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Consent to Share Information**

I, the undersigned, give my consent for NHS Western Isles to use and share my personal health information **only as necessary** to investigate and respond to the complaint submitted.

☐ I am making the complaint myself  
☐ I authorise the person named below to act on my behalf

**Section 3: Representative Details (if applicable)**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I authorise NHS Western Isles to share relevant personal and medical information with the above-named person for the purpose of handling this complaint.



**Section 4: Capacity to Consent**

☐ I confirm that I have the capacity to give this consent   
☐ The patient is unable to give consent. I am the:

* ☐ Parent / Guardian
* ☐ Welfare Power of Attorney (attach copy)
* ☐ Legal Representative / Executor
* ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason patient cannot sign**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Declaration**

I understand that:

* This consent is valid only for the purpose of handling this complaint.
* I can withdraw my consent at any time by contacting NHS Western Isles.
* My data will be handled in accordance with GDPR and NHS Western Isles data protection policies.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return Instructions.**

Please return the completed form to:

**Email**: wi.nhswicomplaints@nhs.scot  
**Post**: Complaints Department, NHS Western Isles 37 South Beach, Stornoway, Western Isles, HS12BB.