
Barnsley Hospital NHS Foundation Trust
Patient Advice and Complaints team

Permission to Act On My Behalf Form - Safeguarding the privacy of our patients

Use this side of the form if the patient is signing to give their consent.

(1a) My full name is _____.

(1b) I live at

_____.

(1c) I was born on this date: _____.

(2a) I am aware that a complaint has been made on my behalf by

_____.

(2b) who lives at

_____.

I agree to this complaint being made. I give permission for Barnsley Hospitals NHS Foundation Trust to release personal information about me to the person listed above (in 2a).

I understand this means that details about my medical condition and treatment will be included in a written reply to the above person. I realise that I don't have to sign this form if I don't want to.

Signed: _____

Date: _____

Do not sign this form if you do not understand what it means.

Warning: You must sign above only if you are the person identified in (1a). **You must not falsify someone else's signature or sign on their behalf, as you could be liable for prosecution.** If there is a reason why the patient cannot sign themselves, please use the reverse side of this form.

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Use this side of the form if the patient has died or if they are unable to give consent.

Step 1. Write down the patient's details

(1a) The patient's full name is _____.

(1b) The patient's date of birth is: _____.

Step 2. Write down the details of the person making the complaint.

(3a) A complaint has been made about the patient's care by

_____.

(3b) who lives at

_____.

Step 3. To be completed and signed by the person giving consent for the complaint to be made. This will be the personal representative, or someone with legal authority to make decisions on behalf of the patient.

(3a) My name is _____.

(3b) I live at

_____.

I give permission for Barnsley Hospitals NHS Foundation Trust to release details of the patient's care to the person making the complaint. I understand this means that details about their medical condition and treatment will be included in a written reply to that person.

Please tick one.

I am the patient's personal representative

I have authority to act on their behalf (if you have ticked here, please give further details below and attach any supporting document e.g. Lasting Power of Attorney (Health & Welfare or Finance))

Signed: _____ Date: _____

If you falsify someone else's signature, or do not tell the truth on this form, you could be liable for prosecution.