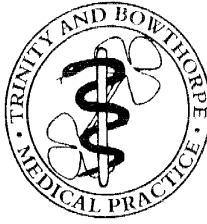


# TRINITY & BOWTHORPE MEDICAL PRACTICE

TRINITY STREET SURGERY  
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NORWICH NR2 2BQ

Tel: 01603 624844  
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THE HEALTH CENTRE  
BOWTHORPE  
NORWICH NR5 9HA

Tel: 01603 748043  
Fax: 01603 748125

## COMPLAINT FORM 2 Consent to Disclose Information

Where the complainant is not the patient, consent will be required to disclose information about the patient to the person making the complaint. Please get the following consent form completed unless this is impossible.

PATIENT DETAILS	
Name:	Date of Birth:
Address:	Usual Doctor:
	Tel No:
COMPLAINANTS DETAILS	
Name:	Tel No:
Address:	

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period/for a limited period only (delete as appropriate).  
Where a limited period applies, this authority is valid until ..... insert date)

Signed ..... Date .....  
(PATIENT ONLY)

[www.trinityandbowthorpe.co.uk](http://www.trinityandbowthorpe.co.uk)

Partners: Dr N Morton, Dr J Craig, Dr H Simper, Dr Z Barber, Dr A George  
Salaried GPs: Dr T Barger, Dr J Inmonger Other GPs: Professor A Howe

This Practice is a Research Active Practice

Reviewed 04/16 SK