

Consent to release my personal information to a third party

I hereby give my consent to disclose personal information relating to myself to the person named below for the purposes of responding to my complaint/enquiry:

Name and address of person to whom disclosure is to be made:

Name	
Address	
Relationship to client	

Person details:

Name	
Address	
Date of Birth	

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

Signature	
Date	

Please return to:

West Dunbartonshire Health and Social Care Partnership
Aurora Avenue
Queens Quay
Clydebank
G81 1BF

Telephone: 01389 776833

Email:wdhscp@west-dunbarton.gov.uk