**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  Information Team  16 Church Street  Dumbarton  G82 1QL  Email:wdhscp@west-dunbarton.gov.uk |