**NHS Independent Complaints**

**Advocacy Service (ICAS)**

**Consent Form**

To enable us to support you with your NHS complaint, we need your written permission. Please complete this form in full and return it to [email address] or return by post to the address below.

**Section 1 Your Details and Consent**

**Please complete this section if you are the patient**

|  |  |
| --- | --- |
| **Your name:** |  |
| **Date of birth** |  |
| **Your address:** |  |
| **Telephone number** |  |
| **Email address** |  |

|  |
| --- |
| I, the patient, confirm that I give my consent for Your Voice Counts NHS Independent Complaints Advocacy Service (ICAS) to undertake work on my behalf, view my medical records and other personal information relevant to my complaint and contact third parties on my behalf if they are relevant to my complaint.  I understand that Your Voice Counts ICAS will keep all information it receives about me and my case strictly confidential and that I will also see all information that it receives on my behalf.  Please note anonymised details of your case will be monitored and shared with Gateshead Council and other relevant organisations to assist in the performance monitoring of the NHS and the ICAS, but no personal details or information will ever be shared, |

|  |  |
| --- | --- |
| **Patient signature** |  |
| **Date** |  |

**Section 2 Representative Details**

**If you are not the patient and are making a complaint on behalf of someone else, please complete this section.**

I have been nominated by the patient to act on their behalf to make their complaint as their representative.

|  |  |
| --- | --- |
| **Full name of patient:** |  |
| **Patient’s date of birth:** |  |
| **Your name:** |  |
| **Your signature:** |  |
| **Your address:** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Your relationship to the patient:** |  |
| **Patient’s signature**  (I the patient authorise the above-named person to act as my representative to make a complaint on my behalf)  **Signature:** | |
| If the patient is unable to give their consent for you to act as their representative, please explain why: (e.g. patient is deceased/lacks capacity/patient is a child) | |
|  | |

**Please note all records are kept in accordance with the Data Protection Act 1998**

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| **If you need support to complete this form you can get in touch by phone, email, or through our website.** | **Your Voice Counts**  Telephone: 0800 048 7856  Secure email: [yvc.uk@nhs.net](mailto:yvc.uk@nhs.net)  **Website:** [**www.yvc.org.uk**](http://www.yvc.org.uk) |