



CYNGOR IECHYD CYMUNED  
COMMUNITY HEALTH COUNCIL

DE MORGANNWG | SOUTH GLAMORGAN

## COMMUNITY HEALTH COUNCILS Authorisation Form

### PATIENT DETAILS

Name:			
Address:			
Postcode:		D.O.B	

***Please tick one of the following boxes***

<input type="checkbox"/>	I am the patient and will be pursuing a complaint / concern
<input type="checkbox"/>	I authorise ..... to act as my representative in relation to making a complaint / raising a concern about the NHS
<input type="checkbox"/>	I am the parent/carer/guardian of the above named patient
<input type="checkbox"/>	I am the next of kin acting on behalf of the above named patient

I authorise the South Glamorgan Community Health Council acting for me in respect of my complaint and also authorise the Community Health Council to receive all information as requested and I accept this may contain medical / clinical information relating to the complaint.

I understand that all correspondence received from the organisation against whom I make a complaint will be copied to the Community Health Council.

I understand that information relating to my complaint may be held electronically in the Community Health Council office and that any information relating to my complaint will be dealt with according to the Data Protection Act 2018 and the Community Health Council Confidentiality policy.

I understand that no information will be disclosed outside the Community Health Council without my agreement unless it is necessary to prevent significant harm to myself or someone else or

if disclosure is required by a Court Order or some other statutory provision.

I undertake to inform the CHC of any changes relating to my complaint and will notify them if I no longer require their assistance.

Signed (Patient)		Date:	
Print name:			

To be completed by patient representative / next of kin (if applicable)

### COMPLAINANT DETAILS

Signed		Date:	
Print name:			
Address			
Postcode		D.O.B	
Relationship to patient			

### COULD WE USE YOUR STORY?

The CHC will, from time to time, use summaries of complaints in our newsletters and reports to demonstrate the work we do and enable the NHS to learn lessons from complaints. The summaries will not identify you. Please let us know whether you are happy for your complaint to be used in this way by signing one of the statements below.

I am happy for my story to be used as above	
I am not happy for my story to be used	