# CONSENT FORM

I, [INSERT NAME], hereby give my consent for my [INSERT RELATIONSHIP], to act on my behalf in all matters relating to the complaint. I am in agreement to these complaints being raised.

I also hereby give my consent for University Hospitals Sussex NHS Foundation Trust to disclose to [ INSERT NAME ] such information contained in the medical records of myself as the Trust deems necessary.

The consent form does require a physical signature, please let me know if you require a paper copy and provide the postal address you would like this sent to.

Signed ---------------------------------------

Date of Signature ---------------------------------------

Print Name ---------------------------------------

Please return to:

**Complaints Team**

**Worthing Hospital**

**Lyndhurst Road**

**Worthing**

**West Sussex**

**BN11 2DH**