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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Sample form 8: Statement of consent for sharing my information with other organisations I [Insert name] hereby give my permission for [insert name of organisation who has received complaint] to share any relevant personal information they hold about me with the other organisations and service providers who are involved in the care/service I have complained about (see details below).  I also give my permission for the organisations listed below to share any relevant personal information they hold about me for the purpose of investigating and responding to my complaint.  I understand that this may include relevant extracts from my medical or clinical records.  I understand that my rights under the Data Protection Act will not be affected.  **Statement of consent**   * I understand that personal information is held about me. * I have had the opportunity to discuss the implications of sharing or not sharing information about me. * I agree that relevant personal information about me may be shared and gathered from the following organisations and agencies to help them investigate and respond to my complaint:   [List organisations involved in investigating and responding to the  complaint]  Are there any organisations or agencies you do not want us to share or gather information from? Please list them here:  [List organisations you do not want us to share or gather information from]  Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. If you have any questions about this process, or want to withdraw your consent, please contact [insert name and contact details for key contact]   |  |  | | --- | --- | | Name | Click or tap to enter a date. | | Address | Click or tap to enter a date. | | Signature | Click or tap here to enter text. | | |