

**Brewood Medical Practice**

**PATIENT COMPLAINT  
INFORMATION SHARING CONSENT FORM**

PATIENTS NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ of \_\_\_\_\_

hereby give my permission for Brewood Medical Practice to share and gather personal information with and from other service providers in connection with my care, including accessing and sharing my medical, and if applicable, mental health and police records. I understand that (the host organisations) may hold information gathered about me from the various agencies and as such my rights under the Data Protection Act will not be affected.

Statement of Consent:

I understand that personal information is held about me.

I agree that personal information about me may be shared and gathered from the following agencies:

- NHS and other Health Services
- Early Intervention Service including the police
- Adult Services
- Mental Health Services
- Education Support Services

- Social Care
- Voluntary Sector Organisations

Are there any agencies you do not want us to share or gather additional information with?

Please list them below:

I agree to my information being shared and gathered between services.

***Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process or wish to withdraw your consent, please contact the Complaints Coordinator.***