IHCA Consent Form

Independent Health Complaints Advocacy



To allow us to support you with your complaint we need signed permission from **You** (**and the Patient**, where you are complaining on behalf of another person). This will allow us to act on your behalf and receive all relevant information about the complaint.

Communications between you and The Advocacy People are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g.

you tell us something which leads us to believe you or someone else may be at risk
of serious harm or abuse or committing a serious criminal offence

Date consent received

- where there is a court order for disclosure
- where we would be breaking the law by failing to disclose.
- Office Use Only

Case reference

Full name

1 Your Details (as the complainant, requesting advocacy support)

Full name

Date of Birth

Address

Postcode

Are you making the complaint for:
Yourself Someone else

Date of Birth

No

Yes

If no, please explain why not (e.g. deceased, lacks capacity, etc.)

2 Patient Details (required if you are making the complaint on their behalf)

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3 Signatures

You must provide a handwritten signature.

You can use a digitally drawn signature or print, sign and scan (clear photos are acceptable) Return this form to:

info@theadvocacypeople.org.uk

or

The Advocacy People

PO Box 375, Hastings East Sussex TN34 9HU

Complainant Signature

Date of Signature

Patient Signature (if applicable)

Date of Signature

By requesting advocacy support, you give consent to **The Advocacy People** sharing information, as required for the purposes of providing the service. For more information on our Privacy Policy, please ask your advocate or go to www.theadvocacypeople.org.uk

Information Sharing

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Confidentiality

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Data Protection

All records are held by **The Advocacy People** in accordance with current Data Protection legislation and we follow standard security procedures to protect your data. Please be aware you have the right to see the records **The Advocacy People** hold about you and to be supported to have access to these.

The Advocacy People