

CONSENT FORM:
Communication with the Patient Experience Team

Ref:

Name of patient:

Address of patient:

I, the above, provide my consent for the Patient Experience Team of the East Kent Hospitals University NHS Foundation Trust to communicate both verbally and in writing on matters to do with my health care to the person raising concerns/making complaint on my behalf; as named below.

I also provide consent for any other organisation whose input is required to respond to the complaint, to provide information as required.

Name of person with consent:

Address:

Relationship to patient:

Patient Signature:

Date:

To be returned to the Patient Experience Team, Kent and Canterbury Hospital (K&C), Ethelbert Road, Canterbury, Kent, CT1 3NG, at the earliest opportunity, ideally within ten working days of the date of receipt.

Thank you for your help.