**CONSENT FORM**

**University Hospitals Sussex NHS Foundation Trust**

I, (PRINT NAME), ………………………………………………………… hereby give my consent for

(INSERT NAME AND RELATIONSHIP) …………………………………………………………………….

to act on my behalf in all matters relating to the complaints which have be made. I agree 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 to reply to the complaint.

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

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

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

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

Once completed this can be returned as a scanned or photographed copy by email to:

[uhsussex.patient.experience@nhs.net](mailto:uhsussex.patient.experience@nhs.net)

or by post to:

Complaints Team - Royal Sussex County and Princess Royal Hospitals

University Hospital Sussex NHS Foundation Trust

Royal Sussex County Hospital

Eastern Road

Brighton

BN2 5BE

Complaints Team - Worthing and St Richards Hospitals

University Hospital Sussex NHS Foundation Trust

Worthing Hospital

Lyndhurst Road

Worthing

BN11 2DH