



Patient/third party Record of Consent

Patient (YOUR) Details

Your Name -

Address -

Post Code -

Contact:

Landline

Mobile

Email

APMS Statement for Investigations

In order from APMS to FULLY investigate your complaint, we may have to discuss your concerns with other members of our team and associated third parties.

Within the team:

Discussions with our team would include utilising your name and transfer details (which may include associated addresses to your care/ transfer), initially this would be directed at staff who undertook any of your care and/or transfer needs, however may expand to any other members of our team that have been identified as holding and/or are able to provide information with regard to your concerns. Any additional staff members would be identified through discussions with the initial staff (and not group questioning)

It is not necessary for APMS to share your date of birth or other identifying details (if held) with our staff.

Third Parties:

Associated third parties may need to be contacted, this may include the discharging and/or receiving hospital ward, the hospital transport manager, or hospital approved transport team.

In this instance we would need to share your name, address and (if held) your date of birth and other identifying numbers, such as, (your hospital number)

Right to withdraw:

In order to investigate any complaint FULLY and reach an accurate and appropriate decision, we would require your consent to do so, however you can choose not to provide your consent and we are happy to respond given all supplied information, although our response would be based upon APMS policies and any information you have provided. Should you choose to provide consent to discuss your concerns, please be aware that you are able to withdraw your consent at any given time. To do so you must provide this request in writing at the earliest opportunity.

Lawful processing:

Please be aware that should your complaint identify anything of additional concern, such as safeguarding, public health concerns and/or safety (we may have to share this information as a legitimate interest in protecting others from potential harm)
(note the above list is not limited to)



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Consent to discuss with an investigatory third party.

Please note the consent form below is for customers/patients only, if you are a relative, guardian and/or third party, additional consent will need to be applied.

I _____ of _____ Acknowledge that in order for APMS to investigate my complaint fully, I need to provide the company with informed consent.

Do you consent to our investigating staff to discuss your details as described within the boundaries of the APMS (statement for Investigation) with staff within our team? _____

Do you consent to our investigating staff to discuss your details as described within the boundaries of the APMS (statement for Investigation) with associated third parties? _____

Do you understand your (Right to Withdraw) your consent at any time? _____

Do you understand that if identified under different governing laws, we may have to share/discuss your details for the safety of others and/or if lawfully governed to do so? _____

Sign: _____ Date: _____



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Patient Choice, Third Party Consent

Raising concerns on behalf of someone else? Additional consent must be given by the patient/customer in order to address your concerns/reply to you directly

I _____ of _____ Acknowledge that in order for APMS to investigate my/their complaint fully I need to provide the company with informed consent to share my details with _____ of _____

Telephone/Email: _____

Do you consent to our investigating staff to discuss your details as described within the boundaries of the APMS (statement for Investigation) with staff within our team? _____ and to share your details with the above named? _____

Do you consent to our investigating staff to discuss your details as described within the boundaries of the APMS (statement for Investigation) with associated third parties? _____ and to share your details with the above named? _____

Do you consent for a copy of the APMS investigatory outcome to be sent to the person named above _____?

Do you understand your (Right to Withdraw) your consent at any time? _____

Do you understand that if identified under different governing laws, we may have to share/discuss your details for the safety of others and/or if lawfully governed to do so? _____

If you are acting on behalf of someone and have an active lasting power of attorney for welfare, and/or where relevant finance, Proof of this must be provided to comply with all data protection laws and regulations.

Patient/customer Sign: _____ Date: _____

Secondary Name: _____ Sign: _____ Date: _____

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