Ref:

**Consent to share constituent information with their MP**

South East Coast Ambulance Service (SECAmb) takes patient confidentiality very seriously. You have been asked to consider completing this form as we have received a complaint on your behalf from your Member of Parliament. Before we are able to share or disclose any personal information we need to ensure that we have your permission to do so.

If you would like to talk to us about completing this form, or the complaint that has been made, please contact our PALS Team 0300 123 9242 or via email at pet@secamb.nhs.uk.

I, of (your address): …………………………………………………..................................

...................................................................................................................

Post Code:.......................................................................

Email: …………………………….. Contact number: ..……………………………………

give consent to South East Coast Ambulance NHS Foundation Trust to investigate and respond to the complaint received on my behalf from under the Local Authority Social Services & NHS Complaints (England) Regulations 2009.

I understand that during the course of investigating and responding to this complaint it may be necessary to disclose personal information contained within my health records. This disclosure is purely for the purpose of investigating and responding to the complaint which I agree to.

I would\* / would not\* like to receive a copy of the response to the complaint. (\**delete as appropriate)*

Signature: ……………………………………. Date: …………………………………

Please print your name: ……………………………………………………………………