

NEWTOWN MEDICAL PRACTICE
PEMBERTON PRIMARY CARE RESOURCE CENTRE
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8 April 2022

**PATIENT COMPLAINT - THIRD-PARTY CONSENT
FORM**

Patient Name	
Telephone No.	
Address	

Enquirer/Complainant Name	
Enquirer / Complainant's Relationship to patient	
Telephone No.	
Address	

Please confirm your consent to one or more of the following;

- Yes please, I would like to receive communications by email**
- Yes please, I would like to receive communications by telephone**
- Yes please, I would like to receive communications by mobile phone including text message**

Yes please, I would like to receive communications by post

You can grant consent to all the purposes of use, some of them, or none.

Where a patient does not grant consent then the Practice will not be able to use their personal data, except in certain limited situations, e.g. where required to do so by law, or to protect the public from serious harm.

