



THIRD PARTY CONSENT FORM

DATA PROTECTION ACT 1998
GENERAL DATA PROTECTION REGULATIONS 2018
FREEDOM OF INFORMATION ACT 2000
ACCESS TO HEALTH RECORDS (NI) ORDER 1993

AGREEMENT FOR PERSONAL & SENSITIVE INFORMATION TO BE SOURCED FOR USE IN
THE NORTHERN IRELAND AMBULANCE SERVICE HSC INVESTIGATIONS UNDER
COMPLAINT, DISCIPLINARY, HARRASSMENT AND GRIEVANCE PROCEEDINGS

Service User's Full Name (i.e. patient):

Service User's Address:

..... **Postcode:**

Service User's Date of Birth:

The Data Protection Act 1998, General Data Protection Regulations 2018, Freedom of Information Act 2000 and Access to Health Records (NI) Order 1993 apply to personal information processing in relation to complaint, disciplinary, harassment and grievance proceedings.

When a patient or a patient's representative raises an issue with the Northern Ireland Ambulance Service (NIAS), further information may need to be sourced to fully investigate the issue raised. This will include access to medical records completed following the incident which are held by NIAS and / or other HSC Trusts which contain levels of personal and sensitive information in relation to the patient's condition following an incident attended to by NIAS personnel and under investigation.

This information may also be required to be shared with other individuals directly involved in the investigation or proceedings to fully address the issues raised. This may include a disciplinary panel or Trade Union representative representing a staff member, if appropriate.

The purpose of this consent form is to record your approval to access information held by NIAS and/or other HSC Trusts. This record will then be maintained on file.

I am acting for the above service user in my capacity as their representative for this investigation. In accordance with the Data Protection Act 2018, as this matter relates to sensitive personal information, he/she has provided his/her written consent below to access the relevant NIAS and/or HSC Trust records to enable NIAS to fully respond to me on this matter.

Third Party Signature: **Date:**.....

(Please print name and title).....

Relationship to Service User:.....

Signature of Service User (or Next of Kin if service user does not have capacity or is deceased)

..... **Date:**

(Please print name also).....

Please note that if consent is not provided, this may lead to the issue not being fully investigated or addressed.