



## **ACCESS TO MEDICAL REPORTS 1988**

This is a summary of your principal rights under the Act, which is concerned with reports provided for employment or insurance purposes by a medical practitioner who is, or has been, responsible for your care.

**Option A.** You may withhold your consent for the report from a medical practitioner.

**Option B.** You may consent to the application but indicate your wish to see the report before it is supplied. (You must make the necessary arrangements with the medical practitioner to see the report. It will not be sent to you automatically).

The medical practitioner will be informed that you wish to have access to the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. If the medical practitioner has not heard from you in writing within 21 days of the application for the report being made, he/she will assume that you do not wish to see the report and that your consent to its being supplied.

When you see the report, if there is anything in it which you consider incorrect or misleading, you can request (but this request must be in writing) that the medical practitioner amend the report, but he/she is not obliged to do so. If the medical practitioner refuses to amend it, you may:

- i) withdraw consent for the report to be issued
- ii) ask the medical practitioner to attach to the report a statement setting out your own views.
- iii) agree to the report being unchanged.

**NOTE: The medical practitioner is not obliged to show you any parts of the report which he/she believes might cause serious harm to your physical or mental health or that of others, or which would reveal information about a third party or the identity of a third party who has supplied the practitioner with the information about your health, unless the third party also consents. In those circumstances the medical practitioner will inform you and your access to the report will be appropriately limited.**

**Option C.** You may consent to the application for the report, but indicate that you do not wish to see the report before it is supplied. Should you change your mind after the application is made, and notify the medical practitioner in writing, he/she should be allowed 21 days to

elapse after such notification so that you may arrange to have access to the report (if the report has not already been supplied before you change your mind).

**Option D.** Whether or not you do decide to seek access to the report before it is supplied, you have the right to seek access to it from the medical practitioner at any time up to six months after it was supplied.

Please note that where a copy of the medical report is supplied to you, the practitioner may charge a reasonable fee to cover the cost of supplying it.

## **MEDICAL REPORT CONSENT FORM**

Full name of claimant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full name of Patient (if different from Claimant) \_\_\_\_\_

Date of Birth of Patient: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Specialist: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**I hereby consent to a medical report or my records being supplied in confidence to the Insurers Medical Adviser by the above named doctor(s) or their nominated deputy. I understand that it may be necessary for the Insurers or their representatives to discuss some of these matters in the strictest confidence with their personnel in order to assess the claim being made under the relevant Policy/Policies.**

**I understand my rights under the Access to Medical Reports Act 1988 and have read the summary of my principal rights under this Act (please see overleaf).**

### **Delete where inapplicable**

**I DO NOT** wish to have access to the medical report or notes before they are supplied.

**I DO** wish to have access to the medical report or notes before they are supplied and understand that I have 21 days in which to make the necessary arrangements with my medical practitioner, who is entitled to charge a fee for this service.

I agree to be seen and examined by the Insurers' Medical Adviser. I also understand that any information or opinions drawn from this examination of me may also be divulged to the Insurers (or agreed third parties) and also understand that this may be used in making underwriting and claims decisions.

A copy of this consent shall be valid as the original

Signed: \_\_\_\_\_

Date: \_\_\_\_\_