

CONSENT FORM

**Access to Medical Reports Act 1988**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Date of Birth:** |  |
| **Faculty / Directorate:** |  |
| **Home Address:** |  |

I have read and understood my rights under the Access to Medical Reports Act 1988, as over, and \*\*give / do not give consent\*\* for the Occupational Physician/Occupational Health Advisor to request a medical report from:

|  |  |
| --- | --- |
| **Dr** |  |
| **Address:** |  |
| **Telephone No:** |  |

\*\* delete as appropriate

If you have agreed to give consent please complete either 1 or 2 below:

I do not wish to have access to the report and it may be supplied direct to the Occupational Physician/Occupational Health Advisor in confidence.

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

Or

I do wish to have access to the report before it is supplied and I understand that I must contact

Dr

Within 21 days of notification that the report has been requested to make arrangements to see and, if I wish, to comment on the report.

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

Please ensure that you have signed only one of these options

Access to Medical Reports Act 1988 Explanatory Note

This is a summary of your main rights under the Act which is concerned with reports requested by the Occupational Physician / Occupational Health Advisor from a medical practitioner who has been responsible for your clinical care.

You have a number of options set out below. You have the right to:

1. Withhold consent for a request from the Occupational Physician / Occupational Health Advisor for a medical report to be made to the medical practitioner who has been responsible for your care.
2. See any report requested before it is sent to the Occupational Physician / Occupational Health Advisor. You have 21 days from the date of the request from the Occupational Physician / Occupational Health Advisor to make arrangements with your medical practitioner to see and discuss the report before it is sent.

 Having seen the report you may:

1. Refuse to consent for it to be sent
2. Make a written request for amendments to be made to the report if you feel it is incorrect or misleading in any way

 Or

1. If the medical practitioner who has prepared the report declines to make any amendments you may either:
2. Add your own written comments explaining what you disagree with and why
3. Refuse consent for it to be supplied to the Occupational Physician/Occupational Health Advisor

Your medical practitioner has discretion as to whether s/he shows you the whole report or only parts of it if s/he believes that certain information may cause serious harm to you or to others.

Your medical practitioner is permitted to make a reasonable charge for making a copy available to you.

If you have queries about any of this please ask before signing.