**WEST OAK SURGERY**

**MEDICAL REPORTS - PATIENT CONSENT FORM**

**RELEASE OF PATIENT INFORMATION TO A THIRD PARTY**

The Access to Medical Records Act 1988 and The Data Protection Act 1998 require that you give consent to the release of information your GP holds about your health to any third party. This is usually Solicitors and Insurance Companies for example, who are not directly involved in providing you with healthcare. In addition it gives you the right to view, and comment on, any such report before your GP sends this to the said third party. You can also choose to request sight of a copy of the report at any time up to six months later.

**Your right to choose:**

To make sure that you are aware of your rights, your choices and that the correct procedure has been followed we outline this legislation below. Please read this form carefully. Your GP can only respond to requests from third parties if they have your written permission to disclose any information about your health. Many companies have their own request form which you will complete and they will forward to us. Alternatively you will need to complete the form attached.

**Your consent:**

When you give your consent you must also decide whether you wish to see the report before it is sent to the third party requesting the information.

If you choose not to see the report then this will be forwarded directly by your GP to the third party without further recourse to yourself.

If at a later stage you change your mind then you can ask to see a copy of the report up to six months later. You are required to give prior notice to your GP to allow them to make the necessary arrangements and if you require a copy from your GP then a charge may be made for this service.

If you choose to see the report before it is sent off then you need to advise your GP accordingly and as soon as possible. You then have 21 days to arrange to see the report before it is sent off to the third party.

Once you have seen the report it can not be sent off unless you give your consent to the content. If you consider any part to be misleading or incorrect, you can ask your GP to amend it. If your GP is unwilling to amend the report then you can attach a written statement of your views relating to the disputed section.

**Your Doctors rights:**

In the following circumstances your G.P can withhold the report from you :

· If your GP believes that letting you see a particular part of the report would be likely to cause serious harm to your physical or mental health, or that of others, that part can be with held.

· If the report, or part of it, indicates the doctor’s intentions towards you.

· If disclosure would reveal information about, or the identity of, another person who has supplied information about you (unless that person has consented or is a health professional who has been involved in caring for you).

· If disclosure would mean revealing information about a third party who has not given consent.

In such cases the GP will show you the remaining part of the report if you have opted to view it first. If either the whole or part of the report is not to be disclosed to you, the GP must notify you accordingly. If the whole report is withheld from you, the GP cannot send it to the third party unless you give your consent to do so.

**Consent to Allow your GP to Release Medical Information:**

I have read and understood my rights under the Access to Medical Reports Act 1988 and The Data Protection Act 1998.

I hereby give my consent for my GP to release medical information to:

Name/Company Name……………………………………………………………………….

Address(If Known)...…………………………………………………………………………

………………………………………………………………………………………..

My GP can provide information he holds on record from any doctor or healthcare professional who at any time has attended me concerning anything which affects my physical or mental health.

□ I do not wish to see the report requested before it is sent to the third party.

□ I do wish to see the report requested before it is sent to the third party.

Please tick one box only. Whichever box you tick you still retain the right to see the report for a six month period.

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| --- |
| Signed: |

|  |
| --- |
| Full Name in Block Capitals: |

|  |
| --- |
| Date: |

|  |
| --- |
| Telephone Number: |

|  |
| --- |
| Address: |