**MEDICAL CONSENT FORM**

**& SUMMARY OF RIGHTS UNDER**

**ACCESS TO MEDICAL REPORTS ACT 1988**

I have read and understood the enclosed summary of my rights under the Access to Medical Reports Act 1988.

**\*Please delete as applicable**

I [consent][do not consent]**\*** to attending a medical examination with [OH PROVIDER] and my employer, [NAME OF EMPLOYER], receiving a written medical report (and any subsequent verbal or written updates) following that examination.

I [wish][do not wish]**\*** to see a copy of the medical report before it is supplied to my employer.

I understand that, if I wish to see the medical report, I must contact the relevant medical professional within 21 days of the date of my employer's application for the report to make arrangements to see it.

I acknowledge that I have been notified of the reasons why my employer wishes to process information about my health and the legal basis for doing so under the relevant data protection legislation.

Print Name:……………………………….

Signed:.....................……………………….

Dated:......................……………………….

**SUMMARY OF RIGHTS UNDER**

**THE ACCESS TO MEDICAL REPORTS ACT 1988**

This is a summary of your principal rights under the Access to Medical Reports Act 1988 (the Act), which sets out the procedure to be followed in relation to medical reports provided for employment or insurance purposes by a doctor who has been or is looking after you (the Doctor). This may be a General Practitioner (GP), a specialist consultant or some other medical professional responsible for your care.

We are seeking your consent under the Act to apply to the Doctor for a report on your current state of health and its effect on your ability to do the work which we employ you to undertake.

**We are also required to be clear with you under data protection law (the General Data Protection Regulation), about why we are seeking to process this information and the legal basis for doing so.**

We are seeking a medical report so that we can

* have up to date information about the reasons for your absence and plan accordingly;
* obtain advice about when you may be able to return to work; and
* understand how we may be able to support you, for example by making reasonable adjustments.

As a result of these factors, we consider that we have a legitimate interest, as your employer, for processing sensitive data relating to your health. Under the relevant data protection legislation, ‘legitimate interests’ are a lawful basis for processing such data.

**Under the Act you have three options. Please complete and return the enclosed consent form indicating your decision.**

**OPTION 1**

**You may consent to the application for the report and indicate that you do not wish to see a copy before it is supplied to us**.

If you change your mind after the application has been made, you will still be able to contact the Doctor in writing to ask to see a copy of the report. If the report has not yet been sent to us, the Doctor is obliged to delay sending it for 21 days following receipt of your written request, in order to allow time for you to arrange to see it.

Whether or not you decide to see the report before it is sent, you still have the right to ask the Doctor for a copy of the report at any time up to 6 months after it has been supplied to us. The Doctor is entitled to make a reasonable charge for this.

**OPTION 2**

**You may consent to the application, but indicate that you wish to see the report before it is supplied to us. If you choose this option, you must make the necessary arrangements to see the report directly with the Doctor, as it will not be sent to you automatically**.

Following receipt of your consent form we will inform the Doctor that you wish to have access to the report and copy the letter to you. The Doctor will allow 21 days for you to see it before supplying it to us. You should contact the Doctor directly to make arrangements to see the report after you return the enclosed form if you have chosen this option. The Doctor is entitled to make a reasonable charge for this. If the Doctor has not heard from you in writing within 21 days of the application for the report being made by us they will assume you do not wish to see the report and that you consent to its being supplied directly to us.

If you arrange to see the report before it is sent to us and there is anything in it that you consider incorrect or misleading you can make a written request that the Doctor amends the report. The Doctor is not obliged to amend the report in the way you request, or at all. If the Doctor refuses to amend it you may:

* withdraw consent for the report to be issued to us; or
* ask the Doctor to attach to the report a statement setting out your objections/views; or
* agree to the report being issued to us unchanged.

NOTE: The Doctor is not obliged to show you any parts of the report that they believe might cause serious harm to your physical or mental health or that of others, or show you information concerning others without their permission. If the Doctor does limit your access to the report for any of these reasons they will tell you.

**OPTION 3**

**You may withhold your consent to our application for a report from the Doctor**.

Please indicate this decision on the enclosed form and return it to us.

In the event that you withhold your consent, the Company may be forced to make decisions affecting your employment without the benefit of expert medical opinion, which may not to be to anyone's advantage.

You are advised to keep this note for future reference.

Please also acknowledge (on the same form) that you have been notified of the reason under data protection law of why we are seeking to process this information and the legal basis for doing so.