

National Friendly
Authorization for Release of Medical Information

National Friendly or their authorised representative may need to obtain a medical report and information from the doctor/doctors treating you. Before your doctor can give us medical information, you must give your consent.

Before giving your consent, you should be aware of your rights under the Access to Medical Reports Act 1988.

1. You may withhold your consent to the application being made or to the report being supplied to us however this may affect our ability to evaluate and process your claim.
2. You may see the report before it is sent to us. You must ask your doctor for a copy within 21 days of the date on which we request the report. We will notify you of this date.
3. You may ask your doctor for a copy of the report at any time up to six months after the date of the report.
4. You may ask your doctor to amend any part of the report that you consider to be incorrect or misleading. If your doctor does not agree with your request you may attach your comments to the report.
5. Your doctor may withhold the report from you, even though you have requested a copy, if he considers that it would be harmful to your physical or mental health or if it contains information about a third party who has not consented to it's disclosure.

Patient's Declaration

Having been made aware of my statutory rights under the Access to Medical Reports Act 1988:

1. I hereby consent National Friendly or their authorised representative seeking medical information from any doctor who has attended me at any time concerning anything which affects my physical or mental health
2. I authorise any such doctor to disclose such information to National Friendly or their authorised representative.
3. I do / I do not wish to see the report before it is sent to National Friendly or their authorised representative (delete as appropriate)

Name of patient		D.O.B.	<u>dd</u>	<u>mm</u>	<u>yyyy</u>
Signature of patient / designated authority		Date	<u>dd</u>	<u>mm</u>	<u>yyyy</u>
Print name					

If you are not the patient please confirm your relationship to the patient. If the patient is under 16 then a parent or legal guardian must sign on their behalf.

Contact address	
Contact telephone number	(<u>STD. Code</u>) _____