**Employee Details**

Name………..…………………………………………… Date of Birth………..……………………………..

## Home Address………………………………………………………………………………………………….

……………………………………………………………………………………………………………………

Company Name: ………………………………………………………………………………………………

Job Title………………………………………………………………………………………………………….

Name of Contact at Company: Cath Dixon, HR Manager………………………………………………….

Company Address: The Old Malthouse, Victoria Road, Winchester, SO22 7DU……………………….

Home Tel………………………. …..Work Tel……………………….Mobile Tel……………………………

Name of GP…………………………………………………………….Phone No……………………………

Address of GP ………………………………………………………………………………………………….

**and if appropriate**

Name of Specialist……………………………………………. Phone No……………………………

## Address of Specialist …………………………………………………………………………………………..

I understand my rights under the Access to Medical Reports Act, 1988 and have read the Explanatory Notes on the Rights of Individual on the following page. Please read the following statements and then sign to signify your agreement.

1. I consent to The Company obtaining a medical report from my GP and/or Specialist.

# I do not wish to see the report from my GP/Specialist before it is sent to The Company OrI wish to see the report from my GP/Specialist before it is sent to The Company (please delete as appropriate)

Signed………………………………………………………….Date……………………………………….........

**ACCESS TO MEDICAL REPORTS ACT 1988 (“Act”)**

Explanatory Notes on the Rights of Individuals

**This is a guide to your principal rights under the Act, which is concerned with reports provided for employment (or insurance) purposes by a GP/Specialist who is, or has been, responsible for your clinical care.**

You have three options:

# Option 1

You may consent to the application for the report and indicate that you do not wish to see the report before it is supplied. However, if you change your mind after the application has been made by The Brendoncare Foundation, you must notify your GP/Specialist in writing within 21 calendar days from the date of the application, so that you can arrange access to the report. You will then be allowed 21 days in which to make the arrangements to see the report. The conditions for supply are described in Option 2.

Please note that you are able to see the report for up to six months after the request was initially made.

## Option 2

You may consent to the application, but indicate your wish to see the report before it is supplied. (To do so you must indicate on the attached form when consenting to the application for a medical report on you).

The GP/Specialist will be informed that you wish to have access to the report and will allow 21 calendar days (beginning with the date of the application) for you to make the arrangements to see and approve it before it is supplied to The Brendoncare Foundation. .

If the GP/Specialist has not heard from you in writing within 21 days of the application for the report being made, the doctor will assume that you do not wish to see the report and that you consent to the report being supplied to the BrendonCare Foundation.

If you see the report and find that there is something which you consider incorrect or misleading, you can request in writing to the GP/Specialist that the report is amended, but the GP/Specialist is not obliged to do so. You can then either:-

* Withdraw consent for the report to be supplied to your employer, or
* Ask the GP/specialist to attach to the report a statement setting out your own views, or
* Agree to the report being issued unchanged.

The GP/Specialist is not obliged to show you any parts of the medical report which he or 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 GP/Specialist with information about your health, unless the third party also consents, or that party is one which has been involved in your clinical care. In those circumstances, the GP/Specialist will inform you accordingly and your access to the report will be limited to its remaining parts.

## Option 3

You may withhold your consent to an application made by your employer for a report from a GP/Specialist, but if you do withhold consent for such a report, your employer will then need to make decisions based on the facts available.  This may lead to decisions being made without information that would be helpful to you and could, ultimately lead to the termination of your employment.  Your employer will inform you separately if this is the case.