UCL Human Resources Division

**Workplace Health**

*ACCESS TO MEDICAL RECORDS:* **STUDENT** **CONSENT FORM**

STUDENT DETAILS:

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Address:** |
| **Department:** |  |  |
| **Date of birth:** |  |
| **Tel no:** |  |
| **Email:** |  |

TREATING CLINICIAN’S DETAILS: (Please fill one section below as appropriate)

|  |  |  |
| --- | --- | --- |
| **Name of Specialist / Healthcare professional:** |  | **Address:** |
| **Role:** |  |  |
| **Tel no:** |  |
| **Fax no:** |  |
| **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **Name of GP:** |  | **Address:** |
| **Practice name:** |  |  |
| **Tel no:** |  |
| **Fax no:** |  |
| **Email:** |  |

I have read the summary of my principal rights under the Access to Medical Reports Act 1988, and understand my rights under the Act.

I understand that an opinion resulting from the information in the medical report may be given to my referring manager regarding the effects of my health problem on fitness to work. I understand that confidential medical detail will not be divulged without my consent.

***PLEASE DELETE AS NECESSARY BELOW:***

1. I consent to a medical report being supplied by my doctor in confidence to University College London, Occupational Health & Wellbeing. **YES / NO**
2. I wish to have a copy of the report. **YES / NO**
3. I wish to have access to the medical report before it is supplied. **YES / NO**

**Note: You will need to pay any fee charged by the GP/Specialist for fitness to practice reports.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***SIGNATURE:*** |  | ***DATE:*** |  |

ACCESS TO MEDICAL REPORTS ACT 1988: **GUIDE**

This is a summary of your principal rights under the Act, which is concerned with reports provided for employment or insurance purposes by the Doctor who has been or is looking after you. You have three options:

OPTION 1:

You may withhold your consent to an application for a report from a Doctor.

OPTION 2:

You consent to the application for the report and indicate that you do not wish

to see the report before it is supplied. If you change your mind after the application is made and tell the Doctor in writing he/she will allow 21 days to elapse after such a notification so that you may arrange to see the report (if the report has not already been supplied before you changed your mind). Whether or not you decide to see the report before it is sent, you have the right to ask your Doctor for a copy of the report at any time up to 6 months after it was supplied, but he/she is entitled to make a charge for this.

OPTION 3:

You may consent to the application, but indicate your wish to see the report before it is supplied. (You must make the necessary arrangements with the Doctor to see the report; it will not be sent to you automatically). The Doctor will be informed that you wish to have access to the report and will allow 21 days for you to see it before it is supplied to the applicant. If the Doctor has not heard from you in writing within 21 days of the application for the report being made he/she will assume you do not wish to see the report and that you consent to its being supplied. When you see the report, if there is anything in it that you consider incorrect or misleading you can request (but this request must be in writing) that the Doctor amends the report, but he/she is not obliged to do so. If the Doctor refuses to amend it you may:

1. Withdraw consent for the report to be issued
2. Ask the Doctor to attach to the report a statement setting out your own views
3. Agree to the report being issued unchanged

**NOTE:**

The Doctor is not obliged to show you any parts of the report that he/she believes might cause serious harm to your physical or mental health or that of others, or show you information supplied by others without their permission. If this is the case, the Doctor will tell you if your access to the report is limited. You are advised to keep a copy of this note for future reference.