

**ROSEBANK HEALTH****Access to Medical Records Patient Consent Form**

I .....hereby give my consent

to .....to obtain Medical Information from Rosebank Health.

**ACCESS TO MEDICAL REPORTS ACT 1988**

A - You may request to see medical information before it is sent under the conditions of the above 'Access to Medical Reports Act 1988'. The doctor cannot supply medical information without your consent. However withholding consent may affect any decisions which need to be made regarding insurance or employment purposes.

B - If you request to see any medical information supplied before it is sent this must be done within 21 days of the request being made. After this, it may be sent providing a valid signed consent form has been received.

C - If you see the medical information and disagree with the content or feel it is misleading or incorrect you may ask the doctor to amend the medical information. However, if he is unable to do this you may send a short statement of your own views to the company or the company representative.

D - The doctor can withhold any part of your medical information if he/she feels it may be harmful to either your physical or mental health or your general wellbeing. In this situation this would be explained to you by the doctor.

I have read the above statement and agree to my medical information being supplied and have duly signed and dated this form as requested.

Please indicate if you wish to see the medical information by selecting one option

**I WISH TO SEE THE MEDICAL INFORMATION SUPPLIED**

**I DO NOT WISH TO SEE THE MEDICAL INFORMATION SUPPLIED**

**SIGNED** .....

**PRINT NAME** .....

**D.O.B** ..... **DATE** .....

**Please return to completed form to:**

**Private Work Administrator at Rosebank Health, Rudloe Drive, Kingsway, Quedgeley GL2 2FY**