

IHRC (Apr 14)

Consent to Release Medical Records to an Independent Doctor

Your application for an ill-health pension or early payment of Deferred Pension Benefits must be referred to an independent doctor. You need to complete this form in order for this to happen. If you refuse consent you are very unlikely to be awarded an ill-health pension.

Part A: Your Personal Details (please use block letters)

Title:	Date of Birth.(dd/mm/yy) : / /
Forenames:	Age (Years):
Surname:	Sex : M <input type="checkbox"/> F <input type="checkbox"/>
Home Address:	
Postcode:	Telephone number:
Email:	

Part B: Do you understand what is happening?

Have you read the leaflet “Understanding Your Ill-Health Referral”/”Claiming Your Deferred Pension Benefit Because Of Ill-Health”?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you satisfied that you understand your pension options?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you feel that the reason for your referral has been fully explained to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to proceed with this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you cannot answer yes to all of these you should talk to your employer or LGSS Pensions Service for further information.

Part C: Referral to Independent Doctor

Your employer’s occupational health doctor needs your consent to be able to pass any medical information they hold to the independent doctor. If you do not consent it is unlikely that you will be assessed as being eligible for an ill-health pension.

Please tick the relevant statement below that applies.

I do consent to my medical records being provided to the independent doctor	<input type="checkbox"/>
I do not consent to my medical records being provided to the independent doctor	<input type="checkbox"/>

Part D: Further Information from You

Your case will be referred to the independent doctor based on the information held by your employer/former employer and their occupational health advisor. The independent doctor will decide if s/he needs to see you or gather any further information before making his/her decision. If you want to present additional information that you believe should be considered please staple it to this form and indicate below if you have done so. Information in an envelope marked “Confidential – for the independent doctor” will only be opened by the doctor.

There is no further information to take into account.	<input type="checkbox"/>
I wish the attached information to be taken into account.	<input type="checkbox"/>

Part E: Further Information from your GP or specialist

The independent doctor may need to obtain information from your GP or specialist before making a decision. Under the 'Access to Medical Reports Act 1988' your consent is needed for a medical report to be provided by a medical practitioner who has previously treated you. You have the following options regarding any report requested; **please choose ONE only:**

I withhold my consent to a report being provided to the independent doctor. (Please note that if further information is required and you refuse consent it is unlikely that you will be awarded an ill-health pension.)	<input type="checkbox"/>
I consent, but request to see the report before it is provided to the independent doctor. I understand that: <ul style="list-style-type: none">• the medical practitioner will hold the report for 21 days after it is produced;• if I have not made arrangements to see the report within 21 days of the report being requested the medical practitioner may assume consent and provide the report to the independent doctor;• if I do not approve the report due to any information I deem incorrect I can request, in writing, that the report be amended. The medical practitioner may or may not agree to amend the report. If they do not agree, I may:<ul style="list-style-type: none">➢ withdraw my consent to the report being issued; or➢ request that a statement from me is attached to the report by the medical practitioner; or➢ agree to the report being issued unchanged• I may withdraw my consent to the report being provided if the medical practitioner declines to show me the report, or part of the report, if they consider there are special circumstances as described in the Act.	<input type="checkbox"/>
I consent to the report being provided and understand that I can request a copy from my GP/Specialist up to 6 months after it has been provided if I wish. (Please note: Selecting this option will speed up your application.)	<input type="checkbox"/>

Please note: The independent doctor will inform you if a further report is requested. You need to contact your GP/specialist to see the report. The 21 days starts from when the report is completed. This is your notification for the purpose of the Medical Reports Act.

The name of my GP and main consultant are as follows. I have contact details on the attached sheet:

My GP	
My Consultant	

Please Note: If you do not provide names for BOTH of the above it will slow down your application. To be successful you will need to have seen a consultant.

In addition the following consultants/specialists have been involved in my diagnosis and treatment. I have provided further details about them on the attached sheet:

Part F: Signature Required

Please sign and date this form to confirm that you have provided your consent for your case to be passed to the independent doctor and indicated your wishes regarding any further medical investigation.

Signed : _____ date (dd/mm/yy) _____ / _____ / _____

Required Contact details

Your GP

Name:	
Address:	
Telephone Number:	
Approximate date last seen:	

Your Current Consultant/Specialist

Name:	
Address:	
Telephone Number:	
Approximate date last seen:	

Additional Contacts (Not Required)

Role:	
Name:	
Address:	
Telephone Number:	
Approximate date last seen:	

Role:	
Name:	
Address:	
Telephone Number:	
Approximate date last seen:	

Please Note: if you have more than two additional specialists/consultants please provide their details on an attached sheet. If you do this please tick this box

Return this form to the person who has given it to you.