

Deferred Ill Health Consent Form

Your Name: Mr/Mrs/Ms/Miss: _____

Member number: _____

National Insurance Number: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Please fill in the details of your GP below:

Doctor's Name:	
Doctor's Address:	
Doctor's Telephone Number:	
Specialist's Name	
Specialist's Address	
Summary of your Health Condition	

Please read and sign the following:

I **do/do not** agree to the release of a medical report from the doctor(s) named above to **Business Health Resources on behalf of BAA Pension Scheme**. I understand that the contents of the report will only be used to provide advice on eligibility to ill health retirement under the BAA Pension Scheme.

I understand my rights under the Access to Medical Reports Act 1988.

I **do/ do not** wish to see the report before it is sent.

I authorise the Scheme's administrators, the Trustees and the Scheme Doctor to have access to the medical information my GP, or any other person as detailed above, provides, I understand that the information will be used for the purpose of my claim only and will not be released to any other person without my consent.

Your Signature Dated

ACCESS TO MEDICAL REPORTS ACT 1988

This is a summary of your principal rights under the Act, which is concerned with reports provided for employment or insurance purposes by a medical practitioner who is, or has been, responsible for your clinical care.

OPTION 1: You may withhold your consent to an application for the report from a medical practitioner.

OPTION 2: 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 medical practitioner to see the report; it will not be sent to you automatically).

The medical practitioner will be informed that **you** wish to have access to the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. If the medical practitioner has not heard from you in writing within 21 days of the application for the report being made he/she will assume that you do not wish to see the report and that you consent to its being supplied.

When you see the report, there is anything in it which you consider incorrect or misleading you can request (but this request **must** be in writing) that the medical practitioner amend the report but he/she is not obliged to do so. If the medical practitioner refuses to amend it you may:

- (i) withdraw consent for the report to be issued
- (ii) ask the medical practitioner to append to the report a statement setting out your views
- (iii) agree to the report being issued unchanged.

Note: The medical practitioner is not obliged to show you any parts of the report which he/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 information to the practitioner about you, unless the third party also consents. In those circumstances, the medical practitioner will so inform you and your access to the report will be appropriately limited.

OPTION 3: You may consent to the application for the report but indicate that you do not wish to see the report before it is supplied. Should you change your mind after the application is made and notify the medical practitioner in writing he/she should allow 21 days to elapse after such notification so that you may arrange to have access to the report (if the report has not already been supplied before you changed your mind).

OPTION 4: Whether or not you decide to seek access to the report before it is supplied, you have the right to seek access to it from the medical practitioner at any time up to 6 months after it was supplied.

Please note that where a copy of the medical report is supplied to you the practitioner may charge a reasonable fee to cover the cost of supplying it.