

Patient's declaration and consent

to be read and signed by the patient



Membership number: _____ Case number: _____

Access to Medical Reports Act 1988

It may be necessary to obtain medical information from your general practitioner or specialist about this claim. If we need to do this, this Act gives you specific rights and they are set out below.

If you wish:

1. You can refuse to give your consent – but if you do so we may be unable to process your claim.
2. If you give your consent, we will be able to contact your doctor/specialist directly for information. If you wish to see the information before it is sent to us, delete the word 'Not' in the declaration below and we will inform the doctor accordingly.

In this case the doctor will not send it to us until:

- i) you have seen the information and approved it, or
 - ii) 21 days have passed since we requested the information and the doctor has not heard from you.
3. Having seen the information, you can again refuse your consent: again this may affect our ability to process your claim.
 4. You may ask the doctor to change the information if you disagree with it. If he refuses, please tell him to attach a statement of your views to the information.
 5. You may also ask the doctor to let you see all information supplied to us within the last six months. *The sooner we receive the information, the sooner we can deal with your claim.*

Note: Your doctor is entitled to charge for supplying you with a copy of the information (to cover costs). The cost of any copy is not covered by your policy.

Your doctor may refuse to let you see your information if he feels it will do serious harm to your physical or mental health, or it will indicate the doctor's intentions in respect of you, or it may reveal the identity of another person who has supplied information about you who is not a health professional but is involved in your care. In such cases you will be entitled to see the remainder of the information. If this affects all the information, your doctor must obtain your consent before he sends it to us.

Patient's declaration and consent

- I declare that I am the patient/patient's parent or guardian* (if the patient is under 16 years of age)(***please cross out if not applicable**).
- I wish to claim benefit and declare that all the particulars I have given are to the best of my knowledge, true and correct. I hereby consent to AXA PPP healthcare limited processing the particulars relating to my claim, including those in any medical information or health records that may be obtained.
- I hereby consent to and authorise the general practitioner, specialist and/or hospital involved in my care to review medical or treatment details and discharge arrangements with AXA PPP healthcare limited and to provide access to/copies of such medical records as may be requested.
- I have read the statement notifying me of my rights under the Access to Medical Reports Act 1988 and consent to AXA PPP healthcare limited seeking medical information, if needed, from my general practitioner and specialist(s), so that AXA PPP healthcare limited can deal with my claim for benefit.
- I do (NOT)* wish to see the medical information before it is sent to AXA PPP healthcare limited.

***Delete the word NOT if you wish to see the information.**

Additional information required if claiming:

Was the treatment because of an injury caused by an accident? No /Yes*.
If yes, did it involve a third party against whom you may be making a claim? No /Yes*.

***Delete as applicable**

Signed*: _____ Patient's full name: _____

***To be signed by the person concerned (or parent/guardian if under 16)**

Date: _____

We will send all further correspondence about this claim to the main policyholder, unless you write and tell us otherwise. PLEASE RETURN THIS FORM TO: AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent. TN1 2PL