

CONSENT FORM – Pensions - GP/Consultant Reports



YOUR PERSONAL DETAILS – PLEASE COMPLETE IN BLOCK CAPITALS

YOUR FULL NAME			
YOUR ADDRESS:			
		POSTCODE:	
MOBILE NUMBER:		DATE OF BIRTH	
PERSONAL EMAIL:			

Please note:

- **Please ensure all details above are correct and complete**
- Failure to complete this form will invalidate consent.
- We will only forward copies of reports to private email addresses. If the email address is not provided above or if given, is in doubt or unreadable please note that this will result in correspondence being sent by post and we will only send to the address provided above.
- We require a consent form to be completed for each consultation. This form supersedes all others.

NAME OF PENSION PLAN/SCHEME:	
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Reference to the Pension Plan/Scheme above may include the Trustees, Pension Scheme/ Plan Administrator or Trustee Representatives or Administrators as appointed by the Secretary of State).

ACCESS TO MEDICAL REPORTS ACT 1988, THE ACCESS TO PERSONAL FILE AND MEDICAL REPORTS (NORTHERN IRELAND) ORDER 1991, THE ACCESS TO HEALTH RECORDS AND REPORTS ACT 1993 (ISLE OF MAN), AND THE GENERAL DATA PROTECTION REGULATION (EU) 2016/679 (“ACTS”)

I, the Pension Member (“I”, “my” or “you” as referred to in this document), hereby consent to a relevant medical report or relevant data from my medical records including any relevant specialist/consultant reports being supplied in confidence by my General Practitioner and/or my Consultant Specialist to Medigold Health Consultancy Limited (Company number: 03507491) a company registered at Medigold House, Queensbridge, Northampton NN4 7BF (or its group companies, subsidiaries or appointed representatives, including medical practitioners acting on its behalf) (“Medigold Health”) acting as corporate medical advisors to the Pension Plan/Scheme.

I have been informed of my statutory rights under the appropriate Acts (as detailed above) having read the summary of my principal rights under the Access to Medical Records 1988 and the General Data Protection Regulation (EU) 2016/679 as set out on the overleaf.

I request to see my medical records or the medical report by my GP or Consultant before it is sent to Medigold Health (please tick if applicable)

My General Practitioner Details:

GP's Name:			
GP Clinic:			
GP Address:			
Post Code:		GP Telephone:	

My Consultant Specialist Details:

Consultant's Name:			
Consultant's Clinic:			
Consultant's Address:			
Post Code:		Consultant's Telephone:	

PLEASE ENSURE THAT YOU READ OUR PRIVACY NOTICE attached or via <https://www.medigold-health.com/privacynoticepensions/>

I have been informed by the Pension Plan/Scheme of the purpose of this pension referral (please tick if applicable).

OUTCOME REPORT

I understand that a report will be provided to the Trustees of my Pension Plan/Scheme on the basis of the medical information received by Medigold Health Consultancy Limited (Company number: 03507491) a company registered at Medigold House, Queensbridge,

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Northampton NN4 7BF (or its group companies, subsidiaries or appointed representatives, including medical practitioners acting on its behalf) (“**Medigold Health**”), including any written or verbal information provided by the Trustees of my Pension Plan/Scheme, my employer, any written or verbal information that I have provided for Medigold Health, or any information received by Medigold Health from other health practitioners.

I understand that any report will include appropriate information and recommendations about my medical condition(s) in relation to my application for benefits. I understand that copies of any documentation generated by Medigold Health's subsidiaries or appointed representatives will be provided to Medigold Health, to form part of my occupational health records.

Responses to any additional queries raised by the Trustees of my Pension Plan/Scheme or written outcomes by the clinician from case conferences will be provided in accordance with this declaration. I understand that if I provide additional information related to this referral or the subsequent report this will be processed in accordance with this declaration. I understand that any clarifications or corrections made by me in relation to the report will only be considered by the clinician where they relate to errors of fact. Any such comments or corrections may take the form of an addendum to the report at the discretion of Medigold Health.

A copy of the report will be automatically despatched at the same time to me and the Trustees of my Pension Plan/Scheme unless I request otherwise. I understand the report will be despatched to me by password protected email, unless I indicate otherwise or fail to provide a private email address. I understand that if I wish to receive a copy of the report prior to the Trustees of my Pension Plan/Scheme, I must inform Medigold Health **within 24 hours** of the consultation date/time in writing to reports@medigold-health.com.

I understand that if I have requested a copy of the report prior to the Trustees of my Pension Plan/Scheme, the report will be automatically despatched to the Trustees of my Pension Plan/Scheme three working days after the report has been despatched to me, unless I indicate otherwise within the two working days, by email, at which time the Trustees of my Pension Plan/Scheme will be informed the report release will be delayed. If I have not provided a personal email, and the report is despatched by post, the report will be automatically despatched to the Trustees of my Pension Plan/Scheme four working days after the report has been posted to me, unless I indicate otherwise within three working days.

By signing below, I understand that in agreeing to this occupational health referral my personal data will be processed in accordance with this form and the Privacy Notice, as set out on our website on www.medigold-health.com/privacynotice/. This form supersedes all others.

Signature : X..... Date: X.....

Scanned signatures and eSignatures (from a recognised eSignature platform) will be accepted, however simple typed signatures will not

ACCESS TO MEDICAL REPORTS ACT 1988 Summary of your rights under the Act

1. You can withhold your consent to the report being provided.
2. You have 21 days in which to ask your doctor to show you the report before he/she sends it to our Clinician (and you may pay for a copy if you wish).
3. You can ask your doctor either to amend any part of the report which you consider to be misleading or, if the doctor does not agree to change it, you may add your own comment to the report. You may also withdraw your consent at that time.
4. There are certain circumstances under which your doctor may withhold the report or part of the report from you if such action is felt to be in your best interests. Your doctor will inform you in writing that access is being denied but that access may still be allowed to any part of the report not covered by the exemptions.
5. If you decide at the moment not to see the report you will still have six months in which to change your mind and to contact your doctor for a copy of the report. If you indicate on the Consent Form that you do not wish to see the report then your doctor can send it to our Clinician immediately.