

# ACCESS TO MEDICAL REPORTS AND DATA PROTECTION



Name

Application / membership number

## ACCESS TO MEDICAL REPORTS ACT 1988 (or Access to Personal Files & Medical Records (Northern Ireland) Order 1991)

- I have read the explanation of my rights under the Access to Medical Reports Act 1988 (on reverse of this form) and consent to Cirencester Friendly being provided with my medical information, including copies of my medical records, from any medical practitioner who has attended me concerning anything which affects my physical or mental health or condition.

### **I wish to see the report before it is sent to the Society**

*(Please tick if you wish to see the report before it is returned to us.)*

## DATA PROTECTION

- I confirm that I have read and understood the explanation of the applicable Data Protection Legislation (on reverse of this form) and based on this understanding I give my consent to the Society being provided with information from other insurers or third parties concerning me, including, but not limited to, information concerning my personal data, which includes information concerning my physical and/or mental health, and any financial information that is deemed relevant by the Society.
- I also authorise via this consent form, the release of my personal data, including but not limited to, information concerning my physical and/or mental health or condition obtained by the Society, to any doctors or specialists appointed by the Society and to any third party vested with official authority who requires such information for lawful, regulatory or legal purposes.

## CONSENT

- I agree to the Society seeking my personal information from any relevant source it deems necessary and I authorise the giving of such information.
- I agree that a copy of this consent shall have the validity of the original.

## PLEASE PROVIDE THE NAME AND ADDRESS OF YOUR USUAL DOCTOR

GP Name (if known)

Surgery Telephone Number

Surgery Name

Address

Postcode

Signature

Date / /

## ACCESS TO MEDICAL REPORTS ACT 1988

(or Access to Personal Files & Medical Reports (Northern Ireland) Order 1991)

- Before we can apply for a medical report from a medical practitioner who has cared for you, we need your consent by signing and returning this form.
- Before doing so, however, you should read this note carefully as it sets out your rights under the Access to Medical Reports Act 1988 (or 1991 Order) and the procedures for dealing with reports.
- You do not have to give your consent but, if you do, you can say whether you wish to see the report before it is sent to the Society.
- If you do not give consent, we may be unable to proceed/continue with your claim for benefit.
- If you say you wish to see the report (we will tell you at the same time as we write to the medical practitioner, and we will tell him/ her you wish to see the report), you will then have 21 days to contact the medical practitioner about arrangements for you to see him/her.
- If you do not say you wish to see the report, we do not have to notify you if we apply for one. However, if, before such a report is sent to us, you write to the medical practitioner saying you wish to see it, you will then have 21 days to contact the him/her about arrangements for you to see the report.
- Whether or not you say you wish to see the report before it is sent to us, the medical practitioner must let you see a copy for up to 6 months after it is supplied, if you ask.
- If you ask the medical practitioner for a copy of the report, he/she can charge you a reasonable fee to cover his/her costs.
- Once you have seen a report before it is sent to us, the doctor cannot submit it until he/she has your consent.
- You can write to the medical practitioner, asking him/her to amend any part of the report which you consider to be incorrect or misleading and have attached to the report a statement of your views on any part where you and the medical practitioner are not in agreement and which him/her is not prepared to alter.
- The medical practitioner is not obliged to let you see any part of the report if, in his/her opinion, that would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the medical practitioner intentions towards you, or if disclosure would be likely to reveal information about, or the identity of, another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by, a health professional involved in caring for you.
- In such cases, the medical practitioner must notify you and you will be limited to seeing any remaining part of the report.
- If it is the whole report which is affected, the medical practitioner must not send it to us unless you give your consent.

## DATA PROTECTION LEGISLATION

- For the purpose of the applicable Data Protection Legislation which are the General Data Protection Regulation (EU GDPR 2016/679) and the UK Data Protection Act 2018, the Data Controller in relation to your personal information you supply is Cirencester Friendly Society Limited (CFSL). Any personal data collected about you will be added to our database and held in accordance with the aforementioned Data Protection Legislation.
- Your personal data with us, will be used for the purposes of processing your claim and administering your membership.
- We may conduct, or have conducted on our behalf, checks with external agents in connection with this claim for validation purposes.
- We or our agents may ask you for more personal information, or carry out further checks and searches and/or share your personal information with relevant third parties when assessing your claim, managing your Membership or assessing any future claims for fraud prevention and verification.
- We may share your personal data with:-
  - Third parties – including but not limited to Trustees in Bankruptcy, reinsurers, underwriters, financial institutions, credit reference agencies, employers, accountants, HM Revenue & Customs, Department for Work and Pension or any successor thereto. This also includes medical agencies (including UK and abroad) and sub-contractors and agents in order to provide you with the service applied for, for fraud prevention or so that services may be processed on our behalf.
  - Government regulators and the Ombudsman to help resolve a complaint or for audit purposes.
  - Other insurance companies who require the information for lawful purposes.
- If you ask, we will tell you what information we hold about you, and provide you with access to your personal data, all of this we do in line with the aforementioned data protection legislation. You should let us know if you think we hold any inaccurate personal information about you, so we can correct it.
- On request from you we will provide you a copy of our Subject Access Request (SAR) forms for completion. You will be required to send the completed forms to us enclosing proof of ID. On receipt of completed and signed forms, your request will be processed and a response made within one calendar month from the date an accepted completed form is received. All SAR requests will be subject to legal restrictions placed on disclosure. Please direct enquiries relating to your data to the Data Protection Officer, Cirencester Friendly Society Limited, Mutuality House, The Mallards, South Cerney, Cirencester, Glos. GL7 5TQ
- To help improve our service and in the interests of security we may monitor and/or record your telephone calls with us.

**NOTICE** - Insurers and Friendly Societies pass information on claims concerning income protection insurance, critical illness insurance and waiver of premium benefits to the Income Protection Claims Register, run by the Association of British Insurers.

- The aim is to prevent fraudulent claims. When you make a claim, we may notify the register.

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