

For office use only SR No.
<input type="text"/>

Please complete
Claim number: <input type="text"/>



Consent to obtain medical information – Claims

Please complete in BLOCK CAPITALS and in black ink.

In order to consider your claim, we may need to obtain copies of your medical records. We can only obtain these with your consent and will need you to complete the declaration below.

Under the Access to Medical Reports Act 1988 (or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991), you've certain rights in relation to reports requested by us which have been prepared by your doctor(s), these are summarised as follows:

- (a) If you indicate (in the declaration below) that you don't want to see the report we'll still let you know if we apply for one. If you decide that you want to see the report, before it is sent to us, you can write to your doctor within 21 days to make arrangements to see it.
- (b) If you indicate (in the declaration below) that you do want to see the report we'll write to you at the same time we contact your doctor. We'll let the doctor know that you'd like to see the report; you then have 21 days to contact your doctor to make arrangements to see it. When you've seen the report your doctor might not send it to

us until you've given consent to do so. If you don't contact your doctor within 21 days the report will be sent to us.

- (c) You can ask your doctor if they'll amend any part of the report which you consider to be incorrect or misleading. If your doctor isn't in agreement, you may attach your comments to the report.
- (d) You can ask your doctor to see a copy of the report up to 6 months after we've received it. If you ask for a copy of your report your doctor may charge you a fee to cover the cost.
- (e) In some circumstances your doctor may decide, in the interest of your health, or to respect the interest of other persons, that you shouldn't see all or part of the report. Your doctor will notify you of this and you'll have the right to see any remaining part of the report. If it's the whole of the report which is affected, this won't be given to us without your consent.
- (f) You can withhold your consent (in which case we may be unable to proceed with your claim).

Declaration

Please read the declaration and complete parts 1, 2 & 3

I have read the section about my rights under the Access to Medical Reports Act 1988 (or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991). I agree to the provision of any and/or all of my medical records to Aviva in connection with this claim.

By signing below, I give my permission to any institution or person (including, but not limited to, hospitals, doctors, nurses and health

professionals) who've been involved in my treatment both past and present, to provide Aviva (and third parties acting on its behalf) with any information, including full medical records, reports or notes, concerning my physical or mental health.

*** I DO NOT wish to see the report before it is sent to Aviva (please delete if you wish to see the report before it is sent to us)**

1. Insured person's details

Name (block capitals)	<input type="text"/>
Policy number	<input type="text"/>
Member number	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

Signature of patient (or signature of their parent or guardian, if the patient is under 16 years old)

3. Specialist's details

Name of specialist	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>

2. GP details

Name of GP	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

4. Consent validity.

This consent is for this claim only and will last until your policy ends. If you wish for this consent to extend to all claims or specify an expiration date for this consent, please state here:

Date	<input type="text"/>
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All claims