URGENT: CONSENT FORM FOR THE RELEASE OF MEDICAL INFORMATION

Date:
Email:

Case Reference:
Name of Patient:

_____

Dear _____(Patient name),

In order to proceed with your claim, we may need to obtain a medical report from your GP, concerning your past medical history and from your treating Doctor regarding your current medical condition.

Before this report can be provided to Allianz Global Assistance, your consent must be given. Please therefore find attached a Consent Form for the release of medical information.

YOUR RIGHTS

Before giving your consent you should be aware of the patient's rights under the "ACCESS TO MEDICAL REPORTS ACT 1988", which are summarised below. (Full details of your rights under the act are available from Allianz Global Assistance on written *request.)*

You must also be aware that this information may be passed on to:

- *the Underwriters of this policy or their intermediaries;*
- *the Brokers on this policy;*
- *the elected Claims Handler.*

1. *You may withhold your consent*
2. *You may see the report before it is sent to Allianz Global Assistance*
3. *You may see the report for up to six months after the report is completed*
4. *You may ask the doctor to amend any part of the report which you consider to be incorrect or misleading. If the doctor does not agree with your request, you may attach your comments to the report.*
5. *The doctor may withhold all or part of the report from you if he considers that you may be physically or mentally harmed by it.*

Please note that should you wish to see a written report before it is sent to Allianz Global Assistance, we must advise that this will significantly delay matters.
Please complete and sign the form, and return it to us as soon as possible. Failure to return this form will delay our ability to assist you. If you have any questions, please feel free to contact us.

Yours sincerely,
Becky Cullen
International Medical Department

How can we help?

International Medical Department
Allianz Global Assistance
102 George Street
Croydon CR9 6HD
Tel: +44 (0)20 8686 1666
Fax: +44 (0)20 8603 0204
Email:medical@allianz-assistance.co.uk
www.allianz-asssistance.co.uk

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Case Reference:
Name of Patient:

PATIENT DECLARATION

Having been made aware of my statutory rights:

1. I hereby consent to Allianz Global Assistance seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health.
2. I authorize such doctor to disclose such information to Allianz Global Assistance.
3. I authorize Allianz Global Assistance to release such information to the underwriter on this policy or its elected claims handler.

If you are in agreement with the above declaration, please fill out and sign the document below and fax (or if necessary post) this page to: **00 44 208 603 0204**

Please tick one of the boxes below:

- ☐ **I do not wish to see the report .**
- ☐ **I wish to see the report after it has been sent to Allianz Global Assistance (please contact your Doctor at your convenience to obtain a copy of the report).**
- ☐ **I wish to see the report before it is sent to Allianz Global Assistance (this will significantly delay matters).**

Signature of patient / parent or guardian if under 16 years of age
(Next of kin may sign only if patient is incapable)

Signature: _____ Date: _____

Name in Block Capitals: _____

If you are not the patient, please explain the relationship you have with the patient and why you are signing this consent on their behalf:

_____

Name & Address of GP in UK/Ireland (PLEASE PRINT CLEARLY IN BLOCK CAPITALS):

Post Code: Surgery Tel No:

How can we help?

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