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Consent for Release of Medical Information

To:

From: Mayday Assistance, Operations Team

Total Number of Pages (including this page) : 2

Dear _____

We are sorry to hear about your recent illness.

Mayday Assistance is the authorised Medical Assistance company for the Underwriter of your travel insurance as detailed on your policy.

We would be grateful if you would read the attached form carefully and complete ALL the relevant sections, sign and date it, and return it to us at your earliest possible convenience. We need you to complete and sign this form so that we can seek any information we may need from your treating doctor and your G.P if this is deemed necessary by our medical officers. We need to do this in order to verify the validity of your claim under the medical expenses section of your policy.

We have to advise you that, under the terms and conditions of your travel insurance policy, the cost of the medical report, should your G.P. wish to make a charge for this, will be your responsibility.

If you decide not to sign the Consent Form or you wish to see the medical report, there may be a significant delay in settling your claim. In such circumstances you will be required to pay all costs locally and claim back on your return to your resident country.

If you are not able to sign the attached form, please arrange for your Next of Kin to sign on your behalf. After completion please arrange the form to be faxed back to us (as shown above) as soon as possible.

Once your General Practitioner has provided us with the relevant information we will be in contact.

Name of GP:

Address:

Postcode:

Telephone Number:

Continuation: Consent for Release of Medical Information

In order to proceed with the claim relating to the above patient we need to obtain a medical report concerning past medical history from your General Practitioner and or other doctors under whose care you have been under.

Before these doctors can provide Mayday Assistance with this report your consent must be given.

We need to make you aware of important information by giving this consent you should be aware of patient rights under the "ACCESS TO MEDICAL REPORTS ACT 1988", which are summarised below.

1. You may withhold your consent
2. You may see the report before it is sent to Mayday 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.

NB The General Practitioner may withhold all or part of the report from you if they considers that you may be physically or mentally harmed by it.

Having been made aware of my statutory rights under the "Access to Medical Reports Act 1998" in connection with my claim.

1. I hereby consent to Mayday 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 DO / DO NOT*** wish to see the report before it is sent to Mayday Assistance *(Delete as required). NB If you wish to see the report before it is sent to Mayday Assistance it may significantly delay matters.
3. I authorise such doctor to disclose such information to Mayday Assistance.
4. I authorise Mayday Assistance to release such information to the underwriter on this insurance policy or its elected claims handler.

If you read points 1 to 4 and are in agreement with the above declaration please sign and date this document below:

Signature of Patient / their guardian if appropriate (Or parent or guardian if under 18)

..... Date:

Print Name:..... Relationship to Patient:.....

*Please ensure that any charge for the Medical Report is charged direct to the claimant as per page one.

Yours sincerely,
Mayday Assistance Operations

In Confidence