

## CONSENT FORM

*(Releasing health records under the Data Protection Act 1998)*

### About this form

In order to proceed with your claim, your solicitor may need to see your health records. Solicitors usually need to see all your records as they need to assess which parts are relevant to your case. (Past medical history is often relevant to a claim for compensation). Also, if your claim goes ahead, the person you are making the claim against will ask for copies of important documents. Under Court rules, they may see all your health records, so your solicitor needs to be familiar with all your records.

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### Part A – Your, your Solicitor’s and the appropriate Health Professionals’ details

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Solicitor’s name: \_\_\_\_\_

Solicitor’s address: \_\_\_\_\_

Health Professional’s name: \_\_\_\_\_

Health Professional’s address: \_\_\_\_\_

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Hospital attended after the Accident: \_\_\_\_\_

### Part B – Your Declaration and signature

Please see the ‘Notes for the Client’ over the page before you sign this form.

#### To the Health Professionals

I understand that filling in and signing this form gives you permission to give all my health records/hospital records to my Solicitor whose details are given above.

Please give my Solicitor copies of my health/hospital records, in line with the Data Protection Act 1998, within 40 days.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Part C – Your Solicitor’s Declaration and signature

Please see the ‘Notes for the Solicitor’ over the page before you sign this form.

#### To the Health Professionals

I have told my client the implications of giving me access to his/her health records. I confirm that I need the full records in this case.

Solicitor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_