**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.

**Part a – your, the health professionals' and your solicitor's or agent's details**

| | |
|---|---|
| Your full name: | |
| Your address: | |
| Date of incident : | |
| Solicitor's or agent's name and address: | MIT Solicitors Ltd |
| GP's name and address (and phone number if known): | |
| Name (and address if known) of the hospitals you went to in relation to this incident: | |
| If you have seen any other person or organisation about your injuries (for example, a physiotherapist) or have had any investigations (for example, x-rays), please provide details: | |

**Part b – your declaration and signature**
Please see the 'Notes for the client' over the page before you sign this form.

**To health professionals**
I understand that filling in and signing this form gives you permission to give copies of all my GP records, and any hospital records relating to this incident, to my solicitor or agent whose details are given above.

Please give my solicitor or agent copies of my health records, in line with the Data Protection Act 1998, within 40 days.

Your signature: _____ Date: ___ / ___ / ___

**Part c – your solicitor's or agent's declaration and signature**
Please see the 'Notes for the solicitor or agent' over the page before you sign this form.

**To health professionals**
I have told my client the implications of giving me access to his or her health records. I confirm that I need the full records in this case. I enclose the authorised fee for getting access to records.

Solicitor's or agent's signature: _____ Date: ___ / ___ / ___