IHRC (October 2021) - member consent to release medical records to an independent doctor

Your application for an ill-health pension or early payment of deferred pension benefits *must* be referred to an independent doctor. You need to fill in this form for this to happen. If you refuse consent you’re very unlikely to be given an ill-health pension.

# Part A: Your personal details

| Question | Answer |
| --- | --- |
| Full name: |  |
| Title: |  |
| Address: |  |
| Postcode: |  |
| Mobile number: |  |
| Email: |  |
| Date of birth: |  |
| NI number: |  |
| Job title: |  |

# Part B: Do you understand what’s happening?

| Question | Answer Yes/No |
| --- | --- |
| Have you read the leaflet ‘*Understanding your ill-health referral’*/*’Claiming your deferred pension benefit because of ill-health*’? |  |
| Do you understand your pension options? |  |
| Do you feel that the reason for your referral has been fully explained to you? |  |
| Do you wish to go ahead with this application? |  |

**If you can’t answer yes to the above 4 questions you should talk to your Local Government Pension Scheme (LGPS) employer or West Northamptonshire Council’s Pensions Service for more information.**

# Part C: Referral to an independent doctor

Your LGPS employer’s occupational health doctor needs your consent to be able to pass any medical information they hold to the independent doctor. If you don’t agree it’s unlikely that you will be assessed as being able to have an ill-health pension.

| Question | Answer Yes/No |
| --- | --- |
| Do you agree to your medical records being given to the independent doctor? |  |

# Part D: Further information from you

Your case will be given to the independent doctor based on the information held by your LGPS employer and their occupational health advisor. The independent doctor will decide if they need to see you or gather more information before making their decision. If you’d like to give more additional information that you think should be considered, please staple it to this form and let us know below. Information in an envelope marked ‘Confidential – for the independent doctor’ will only be opened by the doctor.

| Question | Answer Yes/No |
| --- | --- |
| Have you attached more information to be taken into account? |  |

# Part E: Further information from your GP or specialist

The independent doctor may need to get information from your GP or specialist before making a decision. Under the ‘*Access to medical reports act 1988*’ your consent is needed for a medical report to be given by a medical practitioner who has treated you before. You have the following choices about any report asked for; There are 3 choices to make below - **please answer ‘Yes’ to one only**:

| Question | Answer Yes to ONE of 1., 2. OR 3. |
| --- | --- |
| 1. I don’t agree to a report being given to the independent doctor.

If more information is needed and you refuse consent, it’s unlikely that you’ll be given an ill-health pension.  |  |
| 1. I agree, but ask to see the report before it’s given to the independent doctor. I understand that:
* the medical practitioner will hold the report for 21 days after it is made;
* if I haven’t arranged to see the report within 21 days of the report being asked for the medical practitioner may assume consent and give the report to the independent doctor;
* if I don’t approve the report because I think some information isn’t right, I can ask, in writing, for the report to be changed. The medical practitioner may or may not agree to change the report. If they don’t agree, I may:
* withdraw my consent to the report being issued; or
* ask that a statement from me is attached to the report by the medical practitioner; or
* agree to the report being issued unchanged
* I may withdraw my consent to the report being given if the medical practitioner declines to show me the report, or part of the report, if they think there are special circumstances as described in the Act.
 |  |
| 1. I agree to the report being given and understand that I can ask for a copy from my GP/Specialist up to 6 months after it has been given if I’d like.

Selecting this option will speed up your application. |  |

The independent doctor will let you know if another report is needed. You need to contact your GP/specialist to see the report. The 21 days starts from when the report is completed. This is your notification for the purpose of the Medical Reports Act. The name of my GP and current consultant/specialist are as follows. I have contact details on the attached sheet:

| Question | Answer  |
| --- | --- |
| Name of my GP: |  |
| Name of my current consultant/specialist: |  |

**If you don’t give names for both of the above, it will slow down your application.**

Also, the following consultants/specialists have been involved in my diagnosis and treatment.

I have given more details about them on the attached sheet:

| Question | Answer  |
| --- | --- |
| Name of another consultant/specialist involved in my diagnosis and treatment: |  |
| Name of another consultant/specialist involved in my diagnosis and treatment: |  |

# Part F: Exchange of information between deciding parties

Following your referral to the independent doctor, your LGPS employer needs access to the medical report and ill health certificate completed by the independent doctor to process your application. Your LGPS employer can’t make a balanced decision without this information.

West Northamptonshire Council’s Pensions Service also need a copy of the report and certificate to review your case and make payment of your benefits where applicable. Your agreement is needed for this exchange of information; if you don’t agree, your LGPS employer won’t be able to let you have an ill health pension:

| Question | Answer Yes/No |
| --- | --- |
| Do you agree to the medical report and ill health certificate completed by the independent doctor about your case being given to my LGPS employer and West Northamptonshire Council’s Pensions Service? |  |

# Part G: Signature needed

Please sign and date this form to confirm that you have agreed for your case to be passed to the independent doctor and let us know your wishes about any further medical investigation.

| Question | Answer |
| --- | --- |
| Signature: |  |
| Date: |  |

# Contact details relating to those named in part E

## Your GP

| **Question** | **Answer** |
| --- | --- |
| Name: |  |
| Address:  |  |
| Telephone Number: |  |
| Approximate date last seen: |  |

## Your current consultant/specialist

| **Question** | **Answer** |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Approximate date last seen: |  |

## Additional contact 1 (optional)

| **Question** | **Answer** |
| --- | --- |
| Role: |  |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Approximate date last seen: |  |

## Additional contact 2 (optional)

| **Question** | **Answer** |
| --- | --- |
| Role: |  |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Approximate date last seen: |  |

## More contacts

| **Question** | **Answer Yes/No** |
| --- | --- |
| I have more than two extra specialists/consultants and I have given their details on an attached sheet: |  |

**Return this form to the person who has given it to you.**