

Medical Release form

Your claim will be managed by ALC Health or another third party on behalf of ALC Health. To do this efficiently, we ask your permission to contact any doctor you have been under the care of for your current medical condition and, where required by the terms and conditions of your policy, any doctor for which we can collect relevant previous medical history. However, please be aware that if you choose not to, we may be unable to accept or process your claim.

Filling out this form

- Use this form to authorise release of your medical information.
- Make sure you answer all questions and sign the declaration.
- Please write clearly using capital letters.
- If you have any questions, call us on +44 (0) 330 333 6686

What's next?

Send your completed form to us using one of these options.

Online: <https://claims.alchealth.com>

Email: claims@alchealth.com

Fax: +44 (0) 330 333 6687

Post: ALC Health Claims Team,
PO Box 1114 Cardiff CF11 1UL
United Kingdom

1 Patient's details

Title

Mr Mrs Miss Ms Other

Patient's first name(s)

Patient's surname

Date of birth (DD-MM-YYYY)

Patient's Customer and Policy Number

Condition ID/Case Reference

Patient's contact numbers

T:
M:

Patient's postal address

Postcode Country

Patient's email address

Before giving this consent you should be aware of your patient rights under the "ACCESS TO MEDICAL REPORTS ACT 1988", which are summarised below.

- 1 You may withhold your consent to the application being made or to the report being supplied to us. Please note that this may affect our ability to evaluate and process your claim.
- 2 You may see the report before it is sent to us. You must ask your doctor for a copy within 21 days of the date on which we request the report. We will notify you of this date.
- 3 You may ask your doctor for a copy of the report at any time up to six months after the date of the report.
- 4 You may ask your doctor to amend any part of the report that you consider to be incorrect or misleading. If your doctor does not agree with your request you may attach your comments to the report.
- 5 Your doctor may withhold the report from you, even though you have requested a copy, if he considers that it would be harmful to your physical or mental health or if it contains information about a third party who has not consented to its disclosure.

Please note that this information may be passed on to the underwriters of your policy or any elected third party.

2 Patient declaration and consent

Having been made aware of my statutory rights under the "Access to Medical Reports Act 1988" in connection with my claim,

- i I hereby consent to ALC Health requesting medical information from any doctor who has seen me concerning anything which affects my physical or mental health.
- ii I authorise any medical doctor to disclose such information to ALC Health and any third party on their behalf.

If you wish to see any report before it is sent to ALC Health, the processing of your claim may be significantly delayed.

If you have read points 1 to 4 on the previous page and are in agreement with the Patient Declaration, please sign and date this document below and return it to us using one of the following options: Online, Email, Fax or Post.

I declare that I am the patient

Yes

If the patient is under 16, a parent or guardian should mark this box and sign below on behalf of the patient

I wish to see any report from the doctor before it is sent to you

Yes No

I agree to receiving benefit statements and personal medical information via email

Yes No

Name of parent or guardian

Relationship to patient

Patient's full name

Signed (to be signed by the parent/guardian if the patient is under 16)

Date (DD-MM-YYYY)

Thank you for your assistance in completing this form. We will continue to monitor your case and maintain contact with you and your treating doctor until your treatment is complete. Once we have been able to finalise our verification process we will be in a position to arrange payment of your medical bills (less any applicable policy excess) and assist you as necessary under the terms of your policy.

3 Treating doctor and medical practitioner's details

Name of treating doctor

Address of treating doctor/hospital attended

Postcode Country

Telephone Number

Email address

Name of Medical Practitioner (your usual doctor)

Address of treating doctor/hospital attended

Postcode Country

Telephone Number

Email address

We will store your details, which may include sensitive data, on our database. This will be for the purpose of managing your claim and may be shared with the underwriters of your policy and any third party administrators.

4 Designated person details

Name of designated person

Relationship

Telephone Number

Email address

We are not able to disclose your medical information to your family members, close friends or third parties such as brokers and personal assistant, without your consent. If you would like us to keep anyone informed about your case then you should provide us with the details. We are unable to discuss your case with anyone other than yourself or your designated person. Your designated person should be prepared to answer some security questions when they call so that we can properly identify them.

5 Important information

Please read carefully and keep for your records

Access to Medical Reports Act 1988:

You need to understand these rights before you agree to us requesting a report from the medical practitioner treating you.

These rights do not relate to reports from practitioners who are not responsible for treating you. Also, when we ask for information from your medical records such as a copy of your medical notes, only the first point applies.

- You can withhold your consent, but if you do so, we might not be able to process your claim.
- If we need a report we will write to you to tell you the date it was requested.
- You can indicate in the box in section 2 Declaration and consent of this form if you would like to see any report from the medical practitioner before it is sent to us. You have 21 days from the date of our request to do this and it is up to you to contact the medical practitioner. If you change your mind before the report has been sent to us, you can contact your medical practitioner to see it. You have 21 days from the date of our request to do this.
- If you disagree with the information in the report, you can contact the medical practitioner to change it. If the medical practitioner does not agree with you, they will ask you to write a statement to be attached to the report that is sent to us.
- You can ask the medical practitioner to see the report at anytime within six months of the medical practitioner sending it to us.
- Your medical practitioner may charge you for a copy of the report. This charge is not covered by your scheme/policy.
- Your medical practitioner does not have to show you parts of the report if they think it could cause harm to your physical or mental health.
- If the report includes information about someone else, the medical practitioner will not show you that part of the report.
- If the medical practitioner does not want you to see part of their report, they will tell you in writing, but you can still view other parts of the report.

General Data Protection Regulation (GDPR):

Information about health, medical history and any treatment that you have is sensitive personal information.

- We need your consent to process your sensitive personal information.
- If you would like to know what information we hold about you or to request erasure, please contact us.
- For a full description of how we gather and use your personal information and your rights under GDPR, please review our Privacy Policy at <https://alhealth.com/privacy.htm>

Auditing and the prevention and detection of crime.

We may audit the records of medical practitioners and hospitals to:

- Ensure that we are being correctly billed for their services;
- Prevent and detect crime, particularly fraud; or
- Review the performance of specialists.

Audits may be part of a programme or in response to a specific circumstance and may involve reviewing customers' medical records held by the person or organisation being audited.

We may need to share information that we receive with third parties. This includes medical experts, other insurers, the NHS Counter Fraud Security Management Service and the General Medical Council. We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crimes.

This may involve adding non-medical information to a database that will be viewed by other insurers and law enforcement agencies. We are required to notify the General Medical Council or other relevant regulatory body about any issue where we have reason to believe a medical provider's fitness to practice may be impaired.

ALC Health is a trading name of International Medical Group Limited and IMG Europe AB.

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