

Authority for the release of medical records to Medreport Services Ltd and their nominated expert for the purpose of obtaining a medico-legal report. **(Please complete in black Ink using block capitals)**

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**YOUR DETAILS**

Reference Number:  
Full Name:  
Address:  
Email:  
Tel:  
Date of Birth:  
Date of Accident:

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**I understand that:-**

1. By filling in this form, I give you permission to release COPIES of my GP and/or Hospital records (including any x-rays, MRI Scans and test results) to Medreport Services Ltd and/or Quality Solicitors Burton and Co (Lincoln) and their nominated medical experts for the purpose of obtaining a medical report to present to the court on both my injury and my medical history and solely in the context of my claim.

Medreport Services Limited	AND	SOLICITOR
The Stables		ADDRESS
Clevedon Hall Estate		
Victoria Road		
Somerset		
BS21 7SJ		

- |             |      |
|-------------|------|
| Ref: 201021 | Ref: |
|-------------|------|
2. My medical records may be made available to my opponent's solicitors or expert(s) and will be sent in a secure fashion using the services of Royal Mail or a Courier.
  3. I agree that a full set of my medical records will be seen and used by medical professional(s) reporting to the Court on both my injury and my medical history and solely in the context of my claim.
  4. This request is made in accordance with section 7(1) of the Data Protection Act 1998 and in relation to a personal injury claim I am pursuing.
  5. This request is made solely in connection with a claim for personal injuries and NOT in respect of any claim for professional negligence against any medical practitioner.

The use and purpose for which my records are to be obtained have been fully explained to me by Medreport Services Limited and I fully understand this explanation.

**Signed:** ..... Dated: .....  
(Signed by XXX)

We have informed our client of the implications of granting Medreport Services Ltd access to his/her health records. We confirm that we require the full records in this case.

**Signed:** ..... Dated: .....  
Medreport Services Ltd

**Please complete the information overleaf in order for us to obtain your records**

ACCESS TO MEDICAL RECORDS PURSUANT TO  
DATA PROTECTION ACT 1998

In order to issue an application for the release of your Medical Records it is essential that you provide us with the following information:

**GP DETAILS**

Practice Name:

Address:

Tel:

*If you have moved house since the accident please supply us with the details of the GP you are currently registered with.*

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**HOSPITAL DETAILS**

If you have attended hospital(s) for treatment of **accident related injuries** please complete the following details:-

Hospital Name:

Address:

Tel:

**Hospital Number:**

Department(s) Attended:    A&E     X-ray/MRI/Ultrasound     Other (please specify)

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Hospital Name:

Address:

Tel:

**Hospital Number:**

Department(s) Attended:    A&E     X-ray/MRI/Ultrasound     Other (please specify)

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If you attended hospital **prior to the accident within the last 5 years** please complete the following details:-

Hospital Name:

Address:

Tel:

Department(s) Attended:    A&E     X-ray/MRI/Ultrasound     Other (please specify)

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Hospital Number:

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**TREATMENT DETAILS**

If you have received treatment in relation to your accident related injuries please complete the following section:

Type of Treatment Received:

Physiotherapy     Chiropractic     Osteopathic     Other

Name of Provider:

Address and Tel Number:

## ACCESS TO MEDICAL RECORDS PURSUANT TO DATA PROTECTION ACT 1998

### Implications Document

Your medical records contain information from almost all consultations you have had with health professionals and the following information they contain usually include:

- Why you saw the health professional
- Details of clinical findings and diagnoses'
- Any options for case and treatment the health professional has discussed with you
- The decisions made about your case and treatment, including evidence that you agreed
- Details of action health professionals have taken and the outcomes

By signing the authority form to consent to the release of your medical records, you are agreeing to Medreport Services Ltd and/or your acting solicitors and/or an independent medical expert receiving copies of your health records held by the health professionals you have been seen by.

If you are making, or considering making, a legal claim against someone, Medreport Services Ltd and/or your solicitors will need to have copies of all your health records so that it can be determined if there is anything within the medical notes which may affect your personal injury claim. Once your claim is started the Court can order you to give copies of your health records to the solicitors of the person you are making a claim against so he or she can see if any of the information in your records can be used to defend his or her client.

The independent medical expert may need to have sight of your medical notes in order that he or she can determine if there are any pre-existing injuries or conditions which may have attributed to your accident related injuries or conditions.

You do not have to give permission to release your medical records however, if you do not the Court may not let you proceed with your claim and, in some circumstances your solicitor may refuse to represent you.