| Royal Coat of Arms | HM Government   |  |
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**CONSENT TO RELEASE PERSONAL MEDICAL INFORMATION**

**Please read the following BEFORE signing the form**

In order to assess your suitability for clearance, the United Kingdom Security Vetting (UKSV) Vetting Medical Advisors (VMA) need to contact your doctor(s) and/or anyone else who has provided medical assessment, investigation or treatment for a medical report/record and/or any additional information regarding your medical history. This medical report/record and/or any additional information, together with any medical questionnaires that you have already completed or are asked to complete during the course of your vetting case will be considered by UKSV’s Vetting Staff and VMAs who are directly involved in advising on your suitability to hold a clearance. Your medical information may also need to be considered by the Senior Decision Maker(s) in the organisation that has asked UKSV to carry out your vetting. These individuals will be bound by the same obligations as UKSV staff to maintain the confidentiality of the vetting process.

Under the [Access to Medical Reports Act 1988](https://www.legislation.gov.uk/ukpga/1988/28/contents) (or the [Access to Personal Files and Medical Reports (Northern Ireland) Order 1991)](https://www.legislation.gov.uk/nisi/1991/1707/contents/made) UKSV requires your consent to see a medical report. If you consent in this form, we will write to inform you that we have requested a report and you will have 21 days from the date of our letter in which to ask your doctor, occupational health advisor or specialist to let you see the report before it is forwarded to us.

If you think any information in the medical report is incorrect or misleading, you can ask in writing for it to be amended.  You should note that if your healthcare professional does not accept the information as incorrect or misleading, they do not have to make any amendment.  They will however invite you to prepare a written statement on the disputed information, which will be attached to the medical report when it is sent to the VMA office. Subject to the provisions of the Access to Medical Reports Act 1988 (or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991), you have a right to see the medical report for up to six months after it has been sent to the VMA office.

If your healthcare professional gives you a copy of the medical report at your request, they may charge you a reasonable fee to cover the cost of supplying it.

**Please provide the following information:**

| a. | Your surnames(s): |  |
| --- | --- | --- |
| b. | Your forenames(s): |  |
| c. | Your date of birth: | DD: |  | MM: |  | YYYY: |  |
| d. | Name and title of current General Practitioner: | Title: |  | Name: |  |
| e. | Surgery email address: |  |
| f. | Surgery name: |  |
|  | Address line 1: |  |
|  | Address line 2: |  |
|  | Town/city: |  |
|  | County/region: |  | Postcode: |  |
|  | Country: |  |

**If appropriate, please give details of your Hospital Specialist and/or your Occupational Health Provider below:**

**Hospital Specialist**

| a. | Specialist's name and title: | Title: |  | Name: |  |
| --- | --- | --- | --- | --- | --- |
| b. | Specialist's email address: |  |
| c. | Hospital name: |  |
|  | Address line 1: |  |
|  | Address line 2: |  |
|  | Town/city: |  |
|  | County/region: |  | Postcode: |  |
|  | Country: |  |

**Occupational Health Provider**

| a. | Contact (if known): | Title: |  | Name: |  |
| --- | --- | --- | --- | --- | --- |
| b. | OH provider’s email address: |  |
| c. | Name of OH provider: |  |
|  | Address line 1: |  |
|  | Address line 2: |  |
|  | Town/city: |  |
|  | County/region: |  | Postcode: |  |
|  | Country: |  |

**By signing this declaration, you are giving your consent, under the terms of the Access to Medical Reports Act 1988 (or the** [**Access to Personal Files and Medical Reports (Northern Ireland) Order 1991)**](https://www.legislation.gov.uk/nisi/1991/1707/contents/made)**, for the Vetting Medical Advisor in UKSV to obtain a medical report/record and/or any additional information regarding your medical history from your doctor, occupational health provider or specialist.** Under the terms of these Acts, you have the right to withhold or withdraw your consent at any stage in the process by contacting the UKSV Helpdesk at uksv-helpdesk@cabinetoffice.gov.uk or by telephone on 01904 662644, but you should be aware that **this may mean it is not possible to grant or renew your security clearance.**

Signature:

Date: