

## MEDICAL REPORT CONSENT FORM

(Please read the summary of your rights under the Access to Medical Reports Act 1988 shown overleaf before completing and signing this form)

Name:	DoB:
Address:	
Email Address:	Date and details of Injury:
Please provide th	e following names and contact details (including email if available)
General Practition	ner:
Address	
Specialist:	
Address:	
Address	
Horseracing Auth (PRIS) and herek	se reports have been requested in order to meet the regulatory requirements of the British ority (the BHA) and / or to progress any claim under the Professional Riders Insurance Scheme by consent to all medical reports and medical records relating to the injury stated above being lence to the BHA's Chief Medical Adviser and the Trustees of the PRIS, their legal advisers and
Reports Act 1988	orts for employment or insurance purposes, I understand my rights under the Access to Medical and have read the summary shown overleaf of my principal rights under this Act and <b>DO / DO</b> be access to the medical report before it is supplied.
	also apply to any practitioner and or specialist that has been consulted by me in connection with above or has access to my medical notes. A copy of this consent shall be valid as the original.
Signature	Date
Signature of Pare	nt/Guardian*Date
	* please delete as appropriate

Return: medical@britishhorseracing.com





## **ACCESS TO MEDICAL REPORTS ACT 1988**

This is a summary of your principal rights under the Act, which is concerned with reports provided for employment or insurance purposes by a medical practitioner who is or has been, responsible for your care. The following rights are available to you:

- 1 You may withhold your consent for the report from a medical practitioner.
- 2 You may consent to the medical reports being supplied and indicate that you do not wish to see the report before it is supplied.
  - Should you change your mind after the application is made you must notify the medical practitioner in writing. The medical practitioner should then allow 21 days to elapse after such notification so that you may arrange to have access to the report (if the report has not already been supplied before you change your mind).
- You may consent to medical reports being supplied, but indicate your wish to see the report before it is supplied. Please note however, that you must personally make the necessary arrangements with the medical practitioner to see the report as it will not be sent to you automatically.

The medical practitioner will be informed that you wish to have access to the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. If the medical practitioner has not heard from you in writing within 21 days of the application for the report being made he/she will assume that you do not wish to see the report and that you consent to its being supplied.

When you see the report, if there is anything in it which you consider incorrect or misleading you can request (but this request must be in writing) that the medical practitioner amends the report but he/she is not obliged to do so. If the medical practitioner refuses to amend it you may:-

- i withdraw consent for the report to be issued
- ii ask the medical practitioner to attach to the report a statement setting out your own views
- iii agree to the report being issued unchanged.

Note: The medical practitioner is not obliged to show you any parts of the report which he/she believes might cause serious harm to your physical or mental health or that of others, or which would reveal information about a third party or the identity of a third party who has supplied the practitioner with information about your health, unless the third party also consents. In those circumstances, the medical practitioner will so inform you and your access to the report will be appropriately limited.

If you decide not to seek access to the report before it is supplied, you automatically retain the right to seek access to it from the medical practitioner at any time up to 6 months after it was supplied.

Please note that where a copy of the medical report is supplied to you the practitioner may charge a reasonable fee to cover the cost of supplying it.

## **Data Protection**

The British Horseracing Authority uses the data received pursuant to this form to administer and regulate horseracing in Great Britain and to ensure your health and welfare when racing in Great Britain. Details on how we collect and use this data are set out in more detail in our Jockey Privacy Notice, available on the Data Protection page of the BHA website. This notice also includes details of your data protection rights, including the right to object to certain processing.

Form updated 13.06.18

