

Discussing your medical details

Giving your approval for us to talk to a named contact

Please help us to review your claim quickly by either filling in electronically or printing and writing clearly.

1 Your details

> If you are giving approval for a child under 16, please add their details here

Full name

Date of birth

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

> If you have more than one membership with us, please write the membership numbers to which you'd like this agreement to apply in the boxes below

Membership number(s):

Healthcare cover

Dental plan

Travel insurance

2 Your chosen friend or family member's details

Name

Date of birth (if they're not covered by your plan already)

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

> We ask this so that we can check for data protection purposes if this person contacts us on your behalf

Phone number

Address

	Postcode

Discussing your medical details continued

3 Declaration

I give permission for the person I've named to talk to AXA Health about the following:

> Please tick as appropriate

☐

I authorise AXA Health to discuss and disclose to the individual named in section two, all necessary medical information relating to myself as is needed for them to manage medical claims on my behalf. I acknowledge that this consent will allow the named person to access my medical information regardless of its sensitivity and that I must inform AXA Health immediately should there be any claim that I do not wish to be managed by this person, or if I wish to withdraw authority.

☐

I authorise the individual named in section 2 to approve on my behalf the use of my signed consent form in order that AXA Health may obtain any necessary medical information to progress my medical claim/claims. I understand that I must complete a consent form for the claim and that this cannot be done on my behalf.

I understand that this means that the named individual can authorise AXA Health to contact my specialist/practitioner/GP/hospital to obtain information on my behalf.

☐

I authorise the individual named in section 2 to provide consent on my behalf if AXA Health need to pass my details to a third party to enable me to access a service that is part of my membership. These details could include my name, membership number, claim number, date of birth, address, medical condition and/or contact details (email address, telephone number).

If we need to share your details this will be explained and agreed with your representative before we do so. Details of these third party services can be found in your handbook, on your online account or the AXA Health website.

By signing this section you're confirming that the person you've named can discuss the above information until you inform AXA Health that you no longer agree to this.

> If the patient is under 16, their parent or guardian must complete this section.

Name

☐

I am the patient

☐

I am the parent or guardian

Signature

To sign the form electronically you need to save it as a PDF.

Once saved, open the PDF using your Adobe Reader and then click on the signature box and follow the instructions.

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Discussing your medical details continued

Next steps

Help us process your claim quickly

Have you:

☐

included the full name, address and date of birth (if relevant) of your chosen person?

☐

signed your form?

Where to send the form

Mail to us:

Return in the post to AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent, TN1 2PL.

or upload your form via your online account inbox.

About your information and medical reports

> Please keep this information in case you need to refer to it in the future

Access to Medical Reports Act 1988

It's important that you understand your rights under the Access to Medical Reports Act 1988 before you agree to us requesting a report from the GP or hospital treating you.

Medical reports

If we ask for a medical report:

- You don't have to give your consent. If you don't give your consent we cannot request the medical report so may not be able to process your claim.
- We will contact you to tell you the date we requested it.
- You can see the report before it is sent to us. If you want to do this, you must contact the medical practitioner within 21 days of the date of our request. Please tick the box in section A2. If you don't tick the box but then change your mind, you can contact your medical practitioner and ask to see the report. You have 21 days from the date of your initial request to see it.
- If you disagree with the information in the report, you can ask the medical practitioner to change it. If the medical practitioner does not agree with you, they will ask you to write a statement to go with the report that is sent to us.
- You can ask the medical practitioner to see the report at any time 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 plan.
- 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, or if it shows future plans for your care that the medical practitioner doesn't want you to see.
- If the report includes information about someone else, the medical practitioner will not show you that part of the report.

These rights do not relate to reports from practitioners who are not treating you and who we might ask for an opinion.

Preventing and detecting crime, and auditing records

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

- prevent and detect crime, particularly fraud;
- review the performance of specialists;
- ensure that we are being correctly billed for their services.

Audits may be part of a programme or in response to a specific event.

Sharing information

We may need to share information with third parties, including medical experts, other insurers, the NHS Counter Fraud Security Management Service and the General Dental Council.

In certain circumstances, we are required by law to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crimes. This may involve adding non-medical information to databases that can be viewed by other insurers and law enforcement agencies.

We are required to tell the General Medical Council, or other relevant regulatory body, about any issue where we have reason to doubt a medical provider's fitness to practise.

Data protection

> Please remove this 'Important information' page and keep it for your information.

- We'll handle your personal data in accordance with the Data Protection Legislation.
- You are entitled to see information we hold about you.
- You can write to us to ask for a copy of any personal information about you in any independent reports we request.
- If you would like a copy of a medical report that your medical practitioner has sent to us, it will be quickest if you contact them direct because we will have to get their permission to release it to you.
- We process claims outside the European Economic Area.
- If any medical records we receive show that a medical condition should have been declared on your plan application, we may change the terms of your plan.
- For our full Privacy Policy please visit www.axahealth.co.uk/privacy-policy.

Discussing your medical details continued