**MEDICAL CONSENT FORM**



In order for HCML/Innotrex to assist you to recover and return to your normal activities and/or work we will need to obtain information about your personal situation, medical history (including medical records where required), current injury and employment/vocational status. **By signing and returning this Medical Consent Form, you will be giving your explicit consent to our obtaining, using and disclosing your personal information as described in this Form.**

**How we use your information**

The information we obtain about you will be used by HCML/Innotrex for the following purposes:

* to plan, implement and monitor your rehabilitation
* to facilitate your recovery
* for internal administration purposes
* to provide statistical analysis on our business activities

Please note that only information **relevant to the rehabilitation of injuries resulting from your recent incident** will be obtained, disclosed and held by HCML/Innotrex.

**How we obtain and disclose your information**

We may obtain your information from, or disclose it to, your medical practitioner, any other relevant health/professional, your employer/school (where appropriate), the job centre/DEA officer, the insurance company or other funding source, legal representatives or any other third party involved with your rehabilitation. Your information will be used for the purpose ofassisting with your rehabilitation, helping you get back to your normal activities/work and promoting your well-being and quality of life.

**Your right of access**

You have the right to request access to any personal information relating to you that is held by HCML/Innotrex. To do this you will need to put your request for access in writing and send us proof of your identity (e.g. a copy of your driving licence or passport and a recent utility bill). You will also need to enclose a cheque in the amount of £10 made payable to Health & Case Management Limited. Please send your request for access to your appointed case manager.

**Protecting your information**

We will take all reasonable technical and organisational security measures to safeguard your personal information whilst it is in our possession or control so that it is not, for example, lost, stolen or tampered with.

If you have concerns about the accuracy of the information obtained or released by HCML/Innotrex, please discuss this with your allocated HCML Rehabilitation Case Manager, who will assist you to resolve this.

**PLEASE RETURN THIS TO HCML**

**YOUR CONSENT**

***I, confirm that I have read and understood this Medical Consent Form and hereby give HCML my explicit consent to use, disclose and obtain my information (including information about my physical and/or mental health or condition) as described in this Form.***

**Rehabilitation Client or Guardian (if applicable) to complete**

***Sign Here:\_\_\_\_\_\_\_\_\_*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Print Name: \_\_\_\_\_\_\_\_*** *\_\_\_\_\_\_\_\_\_\_\_\_*

***Rehabilitation Client Date of Birth: \_\_\_\_\_\_***

***Today’s Date: \_\_\_\_\_\_\_***

***Relationship to Rehabilitation Client (if Guardian signing):***