



**CONSENT TO THE RELEASE OF MEDICAL INFORMATION
TO THE MEDICAL ADVISOR (CAPITA HEALTH SOLUTIONS)**

May the Medical Advisor (Capita Health Solutions) approach the medical practitioner involved in your care at the Occupational Health and Welfare Unit (PSNI at Seapark) for further medical information if required?

- Please tick as necessary Yes No

Under the terms of Access to Personal Files and Medical Reports Order (NI) 1991, do you wish to see the medical information before it is supplied to the Medical Advisor?

- Please tick as necessary Yes No

Please insert the following:

Your Full Name

Your Date of Birth

Rank

Force No

Your Signature

Date

A note of your rights under the provisions of the Order is included for your information with this form.