Please take the time to read through this consent form.

The purpose of this consent form is to ensure that you are aware of and understand what it means for you to consent to your report, which will contain personal information and data, being sent to your employer.

1. In line with best practice regarding consent and confidentiality, you have the option to receive your report via email before it is sent to your employer. If you select OPTION A, you must then respond to the email containing your report within 48 hours, or within an otherwise specified timeframe, declaring either ‘**consent given**’ or ‘**consent not given**’. Once we have received your consent, we will send your report to your employer.
2. **If we have not sent you your report within 1 working day after your consultation**, PLEASE CHECK YOUR SPAM FOLDER. Please contact **01482 712113** to inform us that you have not received it.
3. If we do not receive an email response (outlined in point 1) or phone call from you (outlined in point 2), OH Services Ltd will assume that your consent **has** been given, and will send your report to your employer, 48 hours (other otherwise specified time) after first being emailed to you.
4. Please be aware that the email address you provide may not be secure and that you understand that OH Services Ltd cannot take responsibility for any implications caused by sending confidential documents to an insecure email address provided by yourself or your employer.
5. Please be aware that if you request any changes to be made in your report, only factual information can be amended.

Please take this form with you into your consultation; the doctor/nurse will go through this with you before you sign.

How would you like to receive your report? Please select one option only from the list below:

OPTION A -I would like my report to be sent to myself **before** it is sent to my employer. I will provide consent within 48 hours of the report being sent, and will contact OHS if I do not receive my report within 1 working day after my consultation.

OPTION B - I would like my report to be sent to myself at the **same time** it is sent to my employer; therefore **I consent** for it to be sent straight to my employer.

OPTION C - I do not wish to receive my report; **I consent** for it to be sent straight to my employer.

Please provide us with your email address and phone number, so that we can contact you regarding your report:

|  |  |
| --- | --- |
| Email address: | Phone number(s): |

I have read, understand and agree with the information provided to me on this form.

Signature.......................................................................................................

Print name....................................................................................................

Date.............................................................................................................

**OHS CLINICAL STAFF – PHOTOCOPY AND GIVE TO CLIENT ONCE COMPLETED.**