

Rehabilitation & Health Management Services consent form



By signing this consent form you agree to Unum sharing and receiving information for the purpose of Vocational Rehabilitation Services offered by Unum as set out below.

Please complete this form using black ink.

I have read and understood my statutory rights as set out in the accompanying document entitled "Your Statutory Rights".
I consent to the following:

1 I consent to Unum being provided with medical reports, in relation to my return to work or supporting me to remain at work, from my treating GP or Consultant in accordance with Access to Medical Report Act:

I DO wish to see medical reports before they are sent to Unum where those medical reports are from my attending GP and/or Consultant

I DO NOT wish to see medical reports before they are sent to Unum **(Please tick the appropriate box).**

2 I consent to Unum being provided with information about my mental and/or physical health for the purposes of vocational rehabilitation services.

3 I consent to Unum sharing and receiving information about my mental and/or physical health with my supporting medical practitioners and with other Health Professionals involved in my medical treatment.

4 I consent to Unum sharing non-medical information with third parties and my employer for vocational rehabilitation purposes.

5 I consent to Unum sharing medical and vocational rehabilitation reports as well as graded return to work plans for the purpose of vocational rehabilitation with my: (Please tick all the boxes that apply).

Employer's Human Resources Department Employer's Occupational Health Representative Line Manager

(Please tick all the boxes that apply).

Full name Date of Birth

Signature Life ID (if known)

Date Signed