



CONSENT FORM
REFERRAL TO ICAS AND DISCLOSURE OF MEDICAL INFORMATION BY
ORGANISATION TO THE ICAS AFFILIATE PSYCHOLOGIST

Name:	Staff Number:
Home address	Telephone number (home):
Post code	

Name of Psychologist	The Psychologist ICAS Radlett House Aspley Guise MK17 8DT
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I consent to be referred to ICAS for psychological 'Fitness for Work' assessment and/or therapy. I understand ICAS will provide a written report to the Organisation and that my written consent will be required for this.

I also consent to the release of the following medical information/report (by the organisation) to the Psychologist at ICAS for his/her medically confidential use.
(Occupational Health professional to define extent of disclosure)

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.....

I understand:

- a) The extent and purpose of the disclosure, as defined above.
- b) All personal sensitive information will be handled by Occupational Health in accordance with the provisions of the Data Protection Act 1998.

If the Access to Medical Reports Act 1998 applies:

I do/do not* wish to have access to the medical report before it is supplied.
(*Delete where appropriate)

I understand that as a result of this referral (the Organisation) will supply a report to management which will be an opinion regarding my fitness and/or capability to fulfil my contract of employment. If you have any questions relating to the above please contact the Occupational Health professional concerned before signing.

Signature of Staff Member: Signature of Health Professional:

Name (in CAPITALS):

Date: Date: