

Data sharing/processing consent form

Medical Expert Name _____

Claimant name _____

Address _____

Postcode _____

Date of birth _____

Telephone _____

How will your information be used?

The information that you provide will be used to compile an independent medico-legal report. The information will only store on the secure server as per the company/DME policies. Information that you provide to us will be recorded and stored securely and will not be shared with any 3rd party, other than GRIP Technologies who provides me the administration services. The copy of the DME and GRIP Technologies data protection policies can be obtained:

Via website: www.griptechologies.co.uk

by Telephone: 0208 77 000 51

or in writing to: GRIP Technologies, 113 Westmead Road, Sutton SM1 4JE

Consent:

I have read the information above and have had an opportunity to ask questions about the process and how my information will be used. I understand the purpose of the process and what my participation involves.

Name of person completed this form: _____ (print)

If completing on behalf of someone: (please complete the details below)

Relationship to the claimant: _____ (print)

Date of birth: _____ (print)

Signed: _____

Date: _____

Please email the completed to admin@griptechologies.co.uk or send it via post to GRIP Technologies, 113 Westmead Road, Sutton SM1 4JE.