

Appendix 1

APPLICATION FOR A NON-NHS DOCTORS LETTER

You have requested that the surgery provides you with a private letter. To help you get the letter that you need we would be most grateful if you could complete the following application.

The provision of private letters is not covered on the NHS. It is private work, and just like private work from a solicitor or any other professional, there is a charge for this work.

From the day the surgery receives your application, it will take upto **28 days** to complete your letter ready for collection. If the application form is not completed fully, it may take longer. If you request that the letter is completed by a specific doctor who is away from the surgery it may take longer. If you require the letter sooner, we will try to arrange this but it will be subject to the other demands of the practice, it will be subject to an additional 50% charge and it may not be possible to provide this service at all times as our clinical NHS work always takes priority.

An indication of charges can be found on the second page of this application. The surgery may be able to confirm the charge when you drop in your completed application but in most instances, the doctor must review the application before we can inform you what the charge will be.

You will need to pay for your letter before the doctor starts work on it.

If you are applying for a letter on behalf of another person, you need to enclose their written consent for us to disclose their medical information to you.

We will not send the letter directly to another organisation. We will ask you to collect the letter and send it to them yourself.

APPLICATION FOR A NON-NHS DOCTORS LETTER

Section 1 About you (the applicant)

Your Name:

Your Date of Birth:

Your Address:

Your Telephone Number:

**Is this letter about you, the person named above?
If Yes, proceed to Section 3. If No, please complete Section 2**

Section 2 If the letter is about somebody else

(there is no need to complete this section if the letter is about the person above)

Their Name:

Their Date of Birth:

Their Address:

Their Telephone Number:

To be completed by the person who the letter is about:

I consent to the surgery disclosing my medical information for the purposes of this letter/report.

I consent for the letter to be given to the person who has requested it.

Signed _____ Print Name _____ Date _____

Section 3 About the letter

Name of the person and/or organisation the letter is to:

Address of the person and/or organisation the letter is to:

Reference number (if applicable)

(Please note we can address the letter to the person you want us to but you are responsible for posting or delivering it to them yourself)

Please provide a brief summary of the information you would like included in the letter:

Please note. The doctor will review your medical records when completing this letter. **They will only be able to include factually accurate information that is already included in your medical records.** Unfortunately we cannot add information to the letter that is not in your medical records.

Which doctor have you seen the most regarding this problem or would otherwise know the most about you to allow them to complete this letter?

Section 4 Declaration

I understand that I am requesting the surgery provides me with a private letter.

I understand there will be a charge for this letter in accordance with the charges on the notice boards in the surgery and in this application pack.

I understand that I must pay for the letter in full in advance.

I understand that if I no longer require the letter the fee is non-refundable.

I understand it will take 28 days to complete this letter.

I understand that if I need the letter sooner, this is subject to availability and I will have to pay a 50% surcharge.

I hereby consent to the surgery disclosing my medical information for the purposes of this letter.

Signed _____

Date _____

For Reception Use (1)

Date Received _____ Application Pack **Fully** Completed

Paying 50% for urgent letter? Passed to Dr _____ on Date _____

For Doctor Use

Able to complete? YES/NO

Able to complete in <28 days? YES/NO

If NO to either, please give reason:

Fee to pay (including 50% surcharge if urgent) _____

For Reception Use (2)

Patient contacted? _____

Fee paid in full?