Administered by:

NOW HEALTH INTERNATIONAL

Insured by:

Arabia INSURANCE

Authorisation for Release of Medical Information Form

Please complete and sign the following authority for the release of **Your** medical information. **We** ask **You** also to refer to section 3.6 of **Your** members' handbook which outlines the additional information **You** may be asked to provide in the event of a claim. Please note that if **You** do not allow **Us** reasonable access to this information, **We** may not be able to process **Your** claim.

Member Details

Member name:	
Membership number:	Date of birth (dd/mm/yyyy): / /

Medical facility details

Medical facility/treating **Medical Practitioner**:	
Email:	
Telephone number:	Fax:

Medical details

I/the member named above authorise the above medical facility/treating **Medical Practitioner** to release the following medical records and confidential information to Arabia Insurance Company S.A.L. or to its authorised representative:

☐ Complete record

☐ Records of care from (dd/mm/yyyy) / / to (dd/mm/yyyy) / / only

☐ Records of care concerning the following **Medical Condition(s)**:

☐ Other. Please specify:

☐ Authorisation to confer with above named treating **Medical Practitioner** orally about information in my medical record

Important notes

Data Protection

Please ensure that **You** show the following information to others covered under **Your Plan** or make them aware of its contents.

We and the Underwriters will deal with all personal information supplied in the strictest confidence as required by the Personal Data Protection Act. **We** and **Your** underwriters collect personal information about **You** and **Your** Dependents (including health, bank account and occupation) for the purpose of establishing and administering **Your Plan**. This includes information supplied by **You**, those family members, medical providers or **Your** employer (if applicable). **Your** information may be passed to Now Health group companies administrating **Your Plan**, Underwriters, Insurers, Reinsurers, Medical Practitioners, Medical Assistance Companies and Claims Administrators for these purposes, including those located outside **Your** country of residence. Confidentiality is required of any third parties to whom the administration of **Your Plan** may be subcontracted, including those based outside the country of **Your** residency. In certain circumstances, medical service providers (or others) may be asked to supply further information. **Your** personal details will not be disclosed to other organizations without **Your** consent.

You have a right of access to, and correction of, information that we hold about **You**. Please contact **Us** if You would like to exercise either of these rights. Some of the information We collect about **You** may be classified as "sensitive" – that is information about racial or ethnic origin and physical or mental health. Data protection laws impose specific conditions in relation to sensitive information, including, in some circumstances, the need to obtain **Your** explicit consent before **We** process the information. When **You** provide information about family members, **We** will take this as confirmation that **You** have their consent to do so. As the legal holder of the **Plan** all correspondence about the plan, including claims correspondence, will be sent to the **Planholder**. If any family member over 18 insured under the **Plan** does not want this to happen they should apply for their own **Plan**.

There is a legal requirement, in certain circumstances, to disclose information to law enforcement agencies relating to suspicions of fraudulent claims and other crimes. If required, information will be disclosed to third parties including other insurers for the purposes of prevention or investigation of crime including fraud or otherwise improper claims where there is reasonable suspicion. This may involve adding non-medical information to a database that will be accessible to other insurers and law enforcement agencies. Additionally, the General Medical Council or other relevant regulatory body will be notified about any issue where there is reason to believe a **Medical Practitioner's** fitness to practice may be impaired.

Please contact our Customer Services team or write to us at the address on the back of this form if **You** wish Now Health International group companies to contact **You** via letter, SMS or email with details of other IPMI or related product and services. A list of Now Health group companies, their contact details and **Our** Data Privacy Policy is available at www.now-health.com/privacy

Your health claims information may be shared by Now Health International Group companies to other Insurance Companies or Reinsurance Companies for the purposes of risk management, contract negotiations, research, development and analysis, as well as, to promote other products that may be of interest to **You**.

Authorisation

I understand that I may have access to the medical information requested and may equally decline its release (preventing the assessment of my claim) and hereby consent to Arabia Insurance Company S.A.L. or to its authorised representative obtaining medical information from the above medical facility/ treating **Medical Practitioner.**

A photocopy or facsimile of this authorisation shall be considered as effective and valid as the original.

Signature of member/authorised representative: (parent/legal guardian/next of kin)	Date (dd/mm/yyyy): / /

Note: Arabia Insurance Company S.A.L. **will not pay for the release of any medical reports/records.**

Return this form by email to CustomerService@now-health.com

Plans issued in the United Arab Emirates (UAE) are insured by Arabia Insurance Company S.A.L.
(registered under UAE Federal Law No (6) of 2007 and regulated by CBUAE) with the Registration No: 20)
Registered address: Arabia Insurance, Green Tower, Floor No 8, 9 and 10. P.O. Box 1050 Dubai United Arab Emirates.

Plans are administered by Now Health International Gulf Third Party Administrators LLC (regulated by CBUAE with the Registration No: 26).
Registered address: 2348 Sky Tower, Al Reem Island, P.O. Box 132168, Abu Dhabi, U.A.E.