



Information Please read this section carefully before completing the form

Authority to access your record can be given to a job title within your practice (e.g. to a practice manager). By authorising a job title instead of a person, you remove the need to complete a new authorisation form if the person moves on from the role. Where more than one person at the practice has that job title, all will have the same access. Each individual with third party authorisation to your record is responsible for ensuring that any change they ask us to make to your record is correct. To ensure we still protect your information, please note individuals in that job title you wish to give third party authorisation to must be MDU members and part of the **PRACTICECARE** scheme to which you belong.

You can allow the third party/parties to either **discuss** any aspect of your membership or to **discuss and amend** any aspects of your membership. The options will not allow the third party to resign your membership nor will that third party be allowed to authorise additional third party access. If no option is selected, it will be assumed the job title noted in Section 2 has authority only to **discuss** your membership record. Please note this authority will remain on your record until you contact us to advise otherwise. Third party authorisation allows access only to details relating to your membership of the MDU and no third party will be able to access any aspects relating to any advice or claims assistance provided by the MDU. Please note any authorised party contacting us to discuss your membership record will be subject to our standard security checks.

Section 1 Details of member(s) providing authorisation to a third party

I authorise the job title noted in Section 2:

to **discuss and amend** my membership record or
 to **discuss** my membership record

My MDU membership number

My date of birth

Signature Date

Please tick here to remove all previous third party authorisations that may currently be on your record.

If you wish to authorise access to a specific aspect of your membership record, please list it here. If you leave this field blank, the third party noted in Section 2 will be provided with access to all areas of your membership record, excluding any aspects relating to advice or claims.

I authorise the job title noted in Section 2:

to **discuss and amend** my membership record or
 to **discuss** my membership record

My MDU membership number

My date of birth

Signature Date

Please tick here to remove all previous third party authorisations that may currently be on your record.

If you wish to authorise access to a specific aspect of your membership record, please list it here. If you leave this field blank, the third party noted in Section 2 will be provided with access to all areas of your membership record, excluding any aspects relating to advice or claims.

I authorise the job title noted in Section 2:

to **discuss and amend** my membership record or
 to **discuss** my membership record

My MDU membership number

My date of birth

Signature Date

Please tick here to remove all previous third party authorisations that may currently be on your record.

If you wish to authorise access to a specific aspect of your membership record, please list it here. If you leave this field blank, the third party noted in Section 2 will be provided with access to all areas of your membership record, excluding any aspects relating to advice or claims.

I

authorise the job title noted in Section 2:

to **discuss and amend** my membership record or

to **discuss** my membership record

My MDU membership number

My date of birth

Signature

Date

Please tick here to remove all previous third party authorisations that may currently be on your record.

If you wish to authorise access to a specific aspect of your membership record, please list it here. If you leave this field blank, the third party noted in Section 2 will be provided with access to all areas of your membership record, excluding any aspects relating to advice or claims.

I

authorise the job title noted in Section 2:

to **discuss and amend** my membership record or

to **discuss** my membership record

My MDU membership number

My date of birth

Signature

Date

Please tick here to remove all previous third party authorisations that may currently be on your record.

If you wish to authorise access to a specific aspect of your membership record, please list it here. If you leave this field blank, the third party noted in Section 2 will be provided with access to all areas of your membership record, excluding any aspects relating to advice or claims.

I

authorise the job title noted in Section 2:

to **discuss and amend** my membership record or

to **discuss** my membership record

My MDU membership number

My date of birth

Signature

Date

Please tick here to remove all previous third party authorisations that may currently be on your record.

If you wish to authorise access to a specific aspect of your membership record, please list it here. If you leave this field blank, the third party noted in Section 2 will be provided with access to all areas of your membership record, excluding any aspects relating to advice or claims.

Section 2 Details of the authorised job title

This section of the form specifies details of the third party/parties who will be authorised to access your membership record.

Job title*

Practice name

Practice telephone number

PRACTICECARE number

*A typical example would be that of a practice manager. Anyone with that job title must be part of the **PRACTICECARE** scheme to which you belong. Please note that anyone holding that job title at your practice (providing they are an MDU member) will have the level of authority that you have specified above.

If you would prefer to nominate a named individual instead of a practice job title to have access and your membership record, please contact the membership team on 0800 012 1318 or by email at practicecare@themdu.com

Please return this form to the membership team by fax or post to the address below:

Fax **020 7202 1696**

Write to **FREEPOST MDU SERVICES LIMITED**

Email **practicecare@themdu.com**