E_HLESS_ADVOC_04

Legal representative to GP or health professional Letter requesting report on medical conditions and vulnerability

[Name and address]

[Date]

By first class post & email to [email address]

Dear

Re: [Name & address] Date of birth: [DOB] Request for report and copy of medical records

We write on behalf of the above named, who we are advising under the Legal Help Scheme (legal aid).

We understand that you are [[Name]'s general practitioner / currently treating [Name] in respect of his/her mental ill-health].

Homelessness

[Name of client] is currently [homeless / at risk of imminent homelessness], having been [e.g. asked to vacate by his/her parents / evicted by his/her landlord]. We are helping him/her apply to the local authority for accommodation on grounds of homelessness.

Request

We write to ask if you would be willing to write a report in the form of a typed letter:

- So we may advise [Name] on whether the local authority is likely to owe a duty to secure temporary accommodation.
- That we may submit to the Council on his/her behalf.

A local authority is only under a duty to provide temporary accommodation for a homeless person if they have reason to believe that they may have a priority need, for example if they would be more vulnerable than the average person becoming homeless.

Please confirm:

- (1) His/her ill-health, conditions, disabilities and any other special factors.
- (2) Any current treatments (including dosage) or pending referrals.
- (3) The effect that being homeless would have on the patient. If applicable, please include your opinion on whether s/he would, if homeless, be significantly more vulnerable (as a result of illness, disability, other special reason etc.) if they were to be without accommodation, when compared with an ordinary person who is becoming homeless.
- (4) If so, the reasons why.*
- (5) Any specific requirements regarding the type of accommodation required.

*It is particularly important that any potential adverse effects of homelessness (due to medical conditions, disabilities, special factors etc.) are fully particularised.

A person would be likely to be vulnerable when homeless if, for example:

- A medical condition would deteriorate.
- They would be unable to fend for themselves.
- They would be unable or less able to cope with the consequences of being homeless when compared with the ordinary person.
- They would be likely to suffer harm or detriment, over and above that which would be suffered by an ordinary person becoming homeless.
- They would be unable or less able to obtain treatment or take medication (e.g. because it must be refrigerated).
- They would be unable or less able to obtain accommodation, when compared with than the ordinary person.
- They would be exposed to a particular risk of harm or detriment, for example an increased risk of self harm or of exploitation by other persons.

Request for copy of medical records

We are instructed by [Name] to ask for a copy of his/her medical records for the purpose of providing legal advice and representation.

We would be grateful if you would, if possible, forward these in PDF format.

Permission for disclosure

We enclose signed authorisation for us to act on [Name]'s behalf and for the disclosure of confidential information.

Fees

We are authorised to pay up to a maximum of £72 per hour for preparation of a report. The Legal Aid Agency will not approve more than £72 unless your invoice provides a full breakdown of the hours spent preparing the report (at £72 per hour). If you spend less than one hour preparing the report the Legal Aid Agency will pay a fixed fee of £72.

We are authorised to pay a further fixed fee of £72 for providing medical records.

As we require the report urgently we would be grateful if you could email confirmation of your fee (if any) to me using the email address at the top of this letter, and produce the report upon receiving written confirmation that the fee will be paid.

Please do not hesitate to contact me if you have any questions regarding this request. My direct telephone number is [tel no].

Yours sincerely / faithfully

[Name] **[Job title]**

Enc: signed authority for [name of agency] to act on [client's name]'s behalf



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