



Application Form for Access to Health Records Subject Access Request

As part of the General Data Protection Regulations (GDPR), patients have a right to access their health records. You can have access to your records by one of the following methods:

- **Online Access** – We advise this option as you can simply log-in online and view your up-to-date record at any time you wish and can share it with whoever you wish too. By having online access to your record, you can also take advantage of being able to request your repeat medication and booking appointments too.
- **Printed Report** – We can also print your health record for you. This option however is not eco-friendly and is also costly to the practice. Where we deem the request to be excessive or unfounded we may charge a reasonable fee taking into account the administrative costs of providing the information. We therefore request that you choose the other option above.

Please now complete this application form below.

Patient Details

Name:		NHS Number:	
Address:		Date of birth:	
		Home Telephone:	
		Mobile Telephone:	
		Email Address:	

Applicant Details (if different from above)

Name:		Organisation:	
Address:		Telephone:	
		Mobile Telephone:	
		Email Address:	

Request For:

<input type="checkbox"/> Online Access	Recommended option (see above) - Detailed Coded Record Access
<input type="checkbox"/> Printed Record	Not recommended.

Record Requested (Printed Only)

<input type="checkbox"/> My full record
<input type="checkbox"/> My record for these specific dates:
<input type="checkbox"/> My record for these specific conditions:
<input type="checkbox"/> My record for these specific events:

Declaration

<input type="checkbox"/>	I am the patient
<input type="checkbox"/>	I have been asked to act by the patient and attach the patient’s written authorisation
<input type="checkbox"/>	I have full parental responsibility for the patient and the patient is under the age of 18 and: <input type="checkbox"/> has consented to my making this request, or <input type="checkbox"/> is incapable of understanding the request
<input type="checkbox"/>	I have been appointed by the court to manage the patient’s affairs and attach a certified copy of the court order appointing me to do so
<input type="checkbox"/>	I am the deceased person’s Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
<input type="checkbox"/>	I have written, and witnessed, consent from the deceased person’s Personal Representative and attach Proof of Appointment
<input type="checkbox"/>	I have a claim arising from the person’s death (Please state details below)

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant’s identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the Data Protection Act, requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
- Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

Proof of Identity Provided:

<input type="checkbox"/>	Birth Certificate	For office use, ID checked by:	Name:
<input type="checkbox"/>	Passport		Date:
<input type="checkbox"/>	Driving Licence		Signature:
<input type="checkbox"/>	Utility Bill		
<input type="checkbox"/>	Medical Card		
<input type="checkbox"/>	Other (please specify).....		

2 forms of ID are required 1) Photo identification 2) Proof of address

Signature of Applicant

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the GDPR.

Signature	
Print Name	
Date	

Receipt for copy of Medical Records

Patients name

I confirm receipt of the medical records as requested in the application dated: -

...../...../.....

Full name

If not patient, relationship to patient

Signature

Date/...../.....

For office use

Please make a note of the type of ID checked: -

i.e. driving licence/passport/other.....

(delete as appropriate)

Checked by: -

Name

Signature

Date/...../.....

Online Access Granted Y/N

Date/...../.....

Signature

Return to finance office