## Application form for access to health records

**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS**

**in accordance with the General Data Protection Regulation (GDPR)**

**DATA SUBJECT ACCESS REQUEST**

This form must be completed in blue or black ink and signed in order for us to process your

request.

**Section 1: Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Maiden name** |  |
| **Forename** |  |

|  |
| --- |
| **Title**  |
| **(i.e. Mr, Mrs, Ms, Dr)**  |

 |  |
| **Date of birth** |  | **Address:** |  |
| **Telephone number** |  | **Postcode:** |  |
| **NHS number (if known)** |  | **Hospital number (if known)** |  |

**Section 2: Record requested**

The more specific you can be (e.g. leg injury following a car accident), the easier it is for us to quickly provide you with the records requested. All responses of more than 4 pages will be provided in the form of an encrypted CD unless specifically requested in an alternative format.

|  |  |
| --- | --- |
| **Please provide me with a copy of all records held**  |  |
| **Please provide me with a copy of records between the dates specified below:** |  |
| **Please provide me with a copy of records relating to the incident specified below:** |  |
| **Please provide me with a copy of records relating to the condition specified below:** |  |

**Section 3: Details and declaration of applicant**

Please enter details of applicant if different from Section 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Title** **(Mr, Mrs, Ms, Dr)** |  |
| **Forename(s)** |  | **Address** |  |
| **Telephone number** |  | **Postcode** |  |

**Declaration**

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.

Please tick as applies below and ensure you provide the relevant documents as below:

|  |  |
| --- | --- |
| 1. I am the patient
 |  |
| 1. I have been asked to act by the patient and attach the patient’s written authorisation
 |  |
| 1. I have full parental responsibility/am acting in loco parentis\* for the patient and the patient is under the age of 16

 and:1. has consented to my making this request (need to countersign this form and provide ID if between 12 & 16 years of age)\*, or
2. is incapable of understanding the request – please provide evidence of why\*

(\*delete as appropriate) |  |
| 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 |  |
| I have lasting power of attorney for the patient and provide a copy of the documentation proving  this has been invoked |  |

Signature of applicant: .................................................................... Date: ………………………..

For C(i) above:Signature of child aged between 12 – 16 years ……………………………………

**You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.**

**On collection only:**

I confirm receipt of the documents/disc in relation to my request above

Signature …………………………………………………………. Date …………………

Surgery’s Staff Member’s Signature ……………………………………………………………..

**4 – Evidence**

**Evidence of the patient’s and/or the patient’s representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:**

|  |  |  |
| --- | --- | --- |
|  | **Type of applicant** | **Type of documentation** |
| **A** | An individual applying for his/herown records | One copy of identity required,e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc. |
| **B** | Someone applying on behalf of anindividual (Representative) | One item showing proof of the patient’s identity and one item showing proof of therepresentative’s identity (see examples in ‘**A’** above) |
| **C** | Person with parental responsibilityapplying on behalf of a child | Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient |
| **D** | Power of Attorney/Agent applying on behalf of an individual | Copy of a court order authorising Power of Attorney/Agent plus proof of the patient’s identity (see examples in ‘**A’** above) |

**Additional notes**

Before returning this form, please ensure that you have:

1. signed and dated this form

b) enclosed proof of your identity

c) enclosed documentation to support your request (if applying for another person’s records)

Incomplete applications will be returned; therefore please ensure you have the correct

documentation before returning the form.