

Application for access to Health Records

(In accordance with General Data Protection Regulation GDPR)

Data Subject Access request

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

Section 1: Patient details

Surname		Forename	
Maiden name (If applicable)		Title (i.e., Mr, Mrs, Ms, Dr)	
Date of Birth		Address	
Telephone number		Postcode	
NHS Number		Email address	

Section 2: Type of record request.

The more specific you can be the easier it will be for us to quickly provide you with the information requested i.e., Record in respect of treatment following a leg injury due to car accident.

Place a tick in the relevant box.

Please provide me with all records held	
Details:	
Please provide me with records between certain dates	
Date from: / / Date to: / /	
Please provide me with a copy of records relating to the incident specified below	
Details:	
Please provide me with a copy of records relating to the condition specified below	
Details:	

Section 3: Details and declaration of applicant.

Please enter the details of the applicant if different to that entered in **Section 1**

Surname		Forename	
Maiden name (If applicable)		Title (i.e., Mr, Mrs, Ms, Dr)	
Date of Birth		Address	
Telephone number		Postcode	
NHS Number		Email address	

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:

- I am the patient.
- I have been asked to act by the patient and attached the patient's written authorisation.
- I have full parental responsibility for the patient and the patient is under the age of 18 and:
 - a) Has consented to me making this request, or
 - b) Is incapable of understanding the request (**Delete as appropriate**)
- I have been appointed by the court to manage the patient's affairs and attached a certified copy of the court order appointing me to do so.
- I am acting *in loco parentis* and the patient is incapable of understanding the request.
- I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment
- I have a claim arising from the person's death (Please state details below)

Details:

Signature of Applicant:

Date:

- Please tick if you are happy for the records to be sent via email. (**This helps save paper waste**)

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