Loxwood Medical Practice
Subject Access Request under the GDPR and DPA2018

(please print all details and use dark ink)

Identity of individual about whom information is requested

Full Name	Former name(s)
Current address	Former address (with dates of change)
Date of birth	
Contact phone numbers (including area code)	E-mail address: (optional)
NHS number (if known)	Hospital number (if known)

What is being applied for (tick as applicable).

I am applying for access to **view** my health records	
I am applying for **copies** of my health record	
I would like a **full** copy from my birth	
Please supply medical information **between** these dates ……/……/……. ……/……../…….	

You do not have to give a reason for applying for access to your health records. However, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, such as: consultant name, location, written diagnosis and reports etc.

Dates and types of information required:

Please tick the appropriate box identifying whether you or a representative is applying for access.

I am applying to access my health records	
I have instructed my authorised representative to apply on my behalf	

I fully understand that filling in and signing this form gives you permission to give copies of all my health medical records to my solicitor, representative or another person whose details are below. (If more than one person requires these copies, please list the details on a separate sheet.) This will be within 28 days of receiving my request.

Please give details here of your representative:

Name and address of representative
Contact number and E-mail
Signature

I have read this form and fully understand the information within it ☐

Signature of applicant ……..……

Print name……

Date……..

Consent for children under 16 (Gillick Competence)
Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him/her to understand fully what is proposed" (known as Gillick Competence), then s/he will be competent to give consent for him/herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well. If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

I am the Patient / Parent / Guardian (delete as necessary).

Signature: ……..

Full Name: ……..

Address (if not the same as patient):

……..

……

(Office use only)
Date of application received ……/……/…….

Received by …….. Signed: ……..