

**Taynuilt Medical Practice**  
**Data Protection Act – Request for Copies of My Medical Records**

**Section 1 – Your Details**

Please make sure you use your formal name in this section

<b>Mr Mrs Ms Dr</b>	<b>Other</b>		<b>Surname</b>	
<b>First Name</b>				
<b>Second Name</b>			<b>Other Initials</b>	
<b>Address</b>				
<b>Post Code</b>				
<b>Date of Birth</b>				
<b>Telephone Number</b>				

We will contact you on the above number to let you know when the records are ready to collect. Are you happy for us to leave a message at this number? (please tick)	<b>Yes</b>	<b>No</b>
If the telephone number is a mobile phone, would you like us to update your records so that you receive text message appointment reminder and other health messages, communications and reminders from us? (please tick)	<b>Yes</b>	<b>No</b>

**Section 2 – Information you require – please complete 1,2 or 3**

<b>1.</b>	Please provide me with copies of my medical records for the following period		
	<b>From:</b>	<b>To:</b>	
<b>2.</b>	Please provide me with a print-out of my medical records that are held on computer	<b>Tick:</b>	
<b>3.</b>	Please provide me with copies of my entire medical records from my date of birth to date (to include any paper records as well as those held on computer)	<b>Tick:</b>	

**Section 3 – Signature**

<b>Signed</b>	<b>Date</b>
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Please hand this form to the receptionist along with a form of ID (eg passport or photo driving licence plus utility bill or council tax bill)

**For Practice Use ONLY**

Action	Signed	Date
Identity verified		
Please list documents seen	1.	2.
Data Extracted		
Data Checked		
Patient advised ready to collect		