

Queens Avenue Surgery

Application Form for Direct Access to Medical Records

The General Data Protection Regulation (EU) 2016 (GDPR) Subject Access Request

Details of the Record to be Accessed:

| | |
|-----------------|--|
| Patient Surname | |
| Forename(s) | |
| Date of Birth | |

Details of the Person who wishes to access the records, if different to above:

| | |
|-------------------------|--|
| Surname | |
| Forename(s) | |
| Address | |
| Telephone Number | |
| Relationship to Patient | |

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.

Tick whichever of the following statements apply:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I am acting in Loco Parentis and the patient is under age thirteen and;
- has consented to my making this request, or
- is incapable of understanding the request (please tick appropriate statement)
- I am the deceased patient's Personal Representative and attach confirmation of my appointment
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that (Please supply your reasons on a separate sheet)

Your signature: _____ Date: _____

Notes:

Under the GDPR you do not have to give a reason for applying for access to your health records.

Optional – Please indicate below the periods and parts of your health record you may require, or provide more information on a separate sheet.

Details of record requested:

Please specify if you would like access to:

full medical record

or part of the record between the following dates from: _____ to:

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis reports.

Proof of identity:

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.

For office use only:

Date request received: _____

Authorised by GP, signed: _____