Request for Amendment to Records

PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.						
1. Details of Patient/Clients/Staff members records to be accessed (Complete one form per person)						
Surname			Date of Birth			
Forename(s)			Current Address			
Any former names (If Applicable)			Full Postcode			
Telephone Number			Previous Address (If Applicable)			
NHS Number (If known/relevant)						
			Full Postcode			
If furthe	er details are available	please include in a se	parate covering note.			
2. Details of Records to be Amended please provide as much information as possible and continue on a separate sheet if necessary						
		_				
3.	Details of applica	nt (Complete if differen	t to patients/clients/staff members details)			
Full Nan	ne					
Company (if Applicable)						
Relationship with individual who's records have been requested for amendment						
Address to which a reply should be sent						
		Postcode:	Tel:			
4.	Authorisation to mak their own request)	e amendment (to be co	ompleted by the patients/clients/staff member if not making			
I (Print name) hereby authorise New Court Surgery to amend my personal data as detailed by the above applicant and to whom I authorise to act on my behalf. Signature of patient/client/staff member : Date: / /						

Version 1.0 Please turn over

Last reviewed: May18

5.	Declaration						
I declare	I declare that information given by me is correct to the best of my knowledge						
Please select one box below:							
☐ I am the patient/client/staff member (data subject).							
☐ I have	☐ I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.						
☐ I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).							
☐ I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)							
☐ I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.							
☐ I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).							
☐ I am the deceased patient/client's personal representative and attach confirmation of my appointment.							
Please Note:							
If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.							
It may be necessary to provide evidence of identity (i.e. Driving Licence).							
If there is any doubt about the applicant's identity or entitlement, information will not be amended until further evidence is provided. You will be informed if this is the case.							
Print Na	me	Signed (Applicant)		Date	/ /		

Please complete and send this document to:

New Court Surgery, Borough Fields, Royal Wootton Bassett, Wiltshire, SN4 7AX

For office use only:	
Received:	Date:
Form checked for completeness	Name:
Request logged	Ref No:
Acknowledgement letter sent to	Date:
patient	
Approved for amendment by	Name:
GP/Health Professional	Date:
Approved by Calidcott Guardian	Date:
Information amended	Date:
Form passed for scanning	Date: