

ELLON GROUP PRACTICE



Access to Health Records & Requests for Other Personal Information

GDPR for living patients
ACCESS TO HEALTH RECORDS ACT 1990, for deceased patients

Section 1 - Details of Person Whose Records Are Being Requested

Surname:
Former Surname (if applicable):
First Name(s):
Date of Birth:
Registered Address:
Current Address (If Different From Above):.....
.....
Postcode:

Email address:
Daytime Telephone Number:

I have received the leaflet "How to Request GP Records & Other Personal Information"

Section 2 – What Information Is Required?

- A DWP / PIP information summary report only
- A Paper Copy of the Full Record
- To View Your Health Records
- Paper Copy Immunisations Record
- A Paper Copy of Records for Date Range
- From.....To.....
- A Copy Letter or Statement From a GP
- Other (please specify below)

Section 3

Please give full details of what the information will be used for:

Section 4

Please use the space below for further information you feel is relevant to this application:

Section 5 - Declaration –

I declare that the information given by me in Sections 1-4 herein is correct to the best of my knowledge and that I am entitled to apply for this information.

Please tick appropriate box:

- I am the patient
- I have been appointed by the court to manage the affairs of the patient and attach relevant documentation
- I am acting on behalf of the patient and the patient has completed the authorisation (Section 6)
- I am the deceased patient's representative and attach confirmation of my status
- I have Welfare Power of Attorney for this patient and attach relevant documentation
- Other, specify.....

Patient or Applicant's name:

Patient or Applicant's signature.....

Address if different from above.....

Daytime telephone number.....

Please ignore this section if you are requesting your own health records/personal information

Section 6 - Patient's Authorisation

I authorise Ellon Group Practice to release the information requested

to.....

Whom I have given consent to act on my behalf.

Signature

.....Date.....

Please return this form to Ellon Group Practice, Schoolhill, ELLON, AB41 9JH or email gram.ellonadministrator@nhs.scot

Please be reminded that your I.D. will require to be verified at the Practice prior to the uplift of any provided information.

OFFICE USE ONLY

SAR Application Received Date:.....

GP Reviewed by: **Date:**

SAR Application Completed Date:

Confirmation of Identity: I.D. checked / Patient verified

Patient ID Verified by: **Date:**