

APPLICATION FORM FOR ACCESS TO HEALTH RECORDS
in accordance with the General Data Protection Regulation (GDPR)
DATA SUBJECT ACCESS REQUEST

This form must be completed in blue or black ink and signed in order for us to process your request.

Section 1: Patient details

Last Name		Maiden name	
First Name		Title (i.e. Mr, Mrs, Ms, Dr)	
Date of birth		Address:	
Telephone number			
NHS number (if known)		Postcode:	
Email Address:			

Section 2: Record requested

Please provide me with a copy of records between the dates specified below:
Please provide me with a copy of records relating to the incident specified below:
Please provide me with a copy of records relating to the condition specified below:
Please provide me with a copy of records of all electronic records held:

Section 3: Sending options

Please state whether you consent to us sending your record by email or whether you prefer to collect the copies yourself.

- I consent to Marple Cottage Surgery emailing my medical record to me at the email address specified above.

Or

- I wish to collect the copies of my medical record from Marple Cottage Surgery.

Section 4: Details and declaration of applicant

Please enter details of applicant if different from Section 1

Surname		Title (Mr, Mrs, Ms, Dr)	
Forename(s)		Address	
Telephone number			
Capacity in which requesting (Name of Organisation)			

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.

Please tick:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I have full parental responsibility for the patient and the patient is under the age of 18 and:
 - (a) has consented to my making this request, or
 - (b) is incapable of understanding the request (delete as appropriate)
- I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so
- I am acting *in loco parentis* and the patient is incapable of understanding the request
- I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment
- I have a claim arising from the person's death (Please state details below)

Signature of applicant:Date:

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Section 5: Proof of identity and evidence

Evidence of the patient's identity will be required.

Please attach copies of the required documentation to this application form.

Examples of required documentation are:

	Type of applicant	Type of documentation
A	An individual applying for his/her own records	One copy of identity required, e.g. copy of passport or driving licence, plus one copy of a utility bill or medical card, etc.
B	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
C	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient
D	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in 'A' above)

Additional notes

Before returning this form, please ensure that you have:

- a) Signed and dated this form
- b) enclosed proof of your identity
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form.