

Slateford Medical Practice  
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Dr A E Paul Chadwick  
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Manager**

## **PRIVATE & CONFIDENTIAL**

Following your request to release a copy of your full medical records.

Slateford Medical Practice takes the protection of your private data very seriously. Before we release any records, we want to be sure that you understand what this can include.

### **What information is in my records?**

This request is for your ENTIRE medical records or your ENTIRE medical records in time range as per your request. This will include all results, GP or nurse appointments and hospital or clinic letters. This may include very sensitive information, including physical health, mental health, sexual health, operations and procedures.

### **Who can see this copy of my records?**

We will prepare a paper copy of your records. It is preferable, and by far the most secure, that the patient, in person, collect and sign for the notes at the surgery. However if this is not possible we will send the notes recorded delivery. Although we would take every precaution possible, sending your notes recorded delivery, we cannot guarantee safe delivery by the Royal Mail Postal Service, once they leave our possession. If you choose to have them posted out, then you do so at your own risk

### **What happens next?**

Please complete the consent form below and return it to the surgery.

Before your records can be issued to you, your GP will have to go through every page to ensure there is no private information relating to anyone else contained in them (third party information).

Yours sincerely

The Partners at Slateford Medical Practice

**PATIENT CONSENT FORM**

Access to Health Records under the General Data Protection Regulations Act 2018 (Subject Access Request).

Name ..... DOB.....

Address.....

**Please tick one of the boxes below, read the points and sign/date the form.**

**Please tick**

YES  **I request the release of copies of my ENTIRE medical records from birth.**  
This will include all results, GP appointments and hospital or clinic letters.  
This may include very sensitive information.

YES  **I request to the release of copies of my medical records between the following dates ONLY.**  
**Start date:** \_\_\_\_\_  
**End date:** \_\_\_\_\_  
This will include all results, GP appointments and hospital or clinic letters during this time.  
This may still include very sensitive information.

I understand that the GP Surgery will have no control over this information once it has left the Surgery.

Date:.....

Signed: .....