

Application for Access to Health Records

In order to adhere to Practice Policy, please complete this form if you wish to access your medical records. You are entitled to read or be sent copies of your health records within 30 days of your request. Please do not contact the surgery during this period, if we cannot adhere to this time frame, we will let you know as soon as possible.

You will not be charged for a copy of your records; however, the Practice can charge a “reasonable fee” when a request is manifestly unfounded or excessive, particularly if it is repetitive. We will therefore charge a reasonable fee to comply with requests for further copies of the same information.

Section 1: Details of the individual for whom the request relates

Name:	
Address & Post Code:	
Date of Birth:	
Contact Telephone Number:	

In order, to protect your information, we are unable to respond to a request unless we have confirmed your identity.

Please provide **two** forms of identification: **one from list A** and **one from list B**.

<p><u>List A (one from below)</u> Passport – must be valid Driving Licence – must be valid Resident permit issued by the Home Office EEA/EU Identity Card – must be valid If none of the above are available: Birth Certificate or Adoption Certificate – must be valid original or a copy from the General Register Office <i>(NB we can accept the short version or the full version)</i> Valid Armed or police forces photographic identity card Photographic disabled blue badge</p>	<p><u>List B (one from below)</u> Bank/Building Society/Credit card statement – Issued to the current address and less than twelve months old Pension/Endowment/ISA statement – Issues to the current address and less than twelve months old Utility Bill (not mobile phone or TV Licence) Issued to the current address and less than twelve months old Council tax bill/Mortgage statement – Issued to the current address and less than twelve months old Hospital appointment letter Recent mortgage statement from recognised lender</p>
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Section 2: What data are you requesting?

Full medical records (All records held within your medical records)
These will be provided on CD-Rom in PDF format, unless otherwise requested by the patient. You will be notified by letter when your records are ready for collection. The password for the CD-Rom will also be in this letter.

Specific parts of your medical record
Please provide as much detail as possible below; be as specific as possible as this will speed up the request process, include time periods and specific episodes of illness or treatment wherever possible.
You will be notified by telephone on the number you have provided when your records are available for collection.

If you require just a summary of your medical records, please ask at reception who will be able to print it for you today.

I declare that the information given in this form is correct to the best of my knowledge and that I am entitled to apply for access to the records referred to under the terms of the UK General Data Protection Regulation (UK GDPR) 2016.

I understand that Argyle Medical Group may need to obtain further information to comply with this request. **Please check the information you have provided and sign below:**

Full name of Applicant:	
Signature of Applicant:	
Date:	

Please return this form and the documents we have asked you to provide to either Argyle Street Surgery or St Oswalds Surgery.

For Reception Use Only:

Identification Documents Provided:	Identification verified by:	Date: