Date completed form received by the practice _____ (To be completed by the practice)

Dr Drew & Partners
APPLICATION FORM TO ACCESS MEDICAL RECORDS – January 2019

The 2018 General Data Protection Regulation (GDPR) gives patients the right to access the information held about them in the Practice. All requests for personal information must be in writing and we hope this form will make the process easier for you.

- Under GDPR, this request for personal information is called a ***Subject Access Request (*SAR).**
- For us to release records we need to have proof of ID and assure ourselves of the legitimacy of the request. The Practice is not obliged to comply with a request unless we are provided with evidence of the identity of the requestor.
- There is **no fee** to pay for a first request but subsequent requests **may** carry a charge.

HOW TO SUBMIT YOUR APPLICATION

POST TO THE PRACTICE:	CALL IN PERSON:
FAO Practice Manager Dr Drew & Partners Bangor Health Centre Newtownards Road **BANGOR** BT20 4LD	Bring your documents in person to the Health Centre

HOW TO COMPLETE THE FORM

Section 1: Patient Details (data subject)
This section must be completed for all applicants.

Section 2: Details of the person acting on behalf of the patient (representative)
This section should **only** be completed when the application is being submitted on behalf of the patient **and** on the authority of the patient.

Section 3: Relationship of requestor to patient
This section must be completed when application is submitted on behalf of the patient.

Section 4: Description of the information requested
This section must be completed by all applicants. You need to specify the records/information you wish to access, providing as much details as possible. If we require further details about the information that you request, we will contact you.

Section 5: Declaration
This section must be completed by all applicants and is divided in 2 parts
- **Part A** should be completed by the patient or legal parent/guardian
- **Part B** should be completed when the applicant has been provided authority by the patient

Section 6: Supporting documents and identification
Supporting identification documents must be provided for your request to be processed.

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SUBJECT ACCESS REQUEST FORM

Please complete the application form in **BLOCK LETTERS**.

Section 1: Details of the patient (DATA SUBJECT)			
Surname		Title	
Forename(s)			
Former names			
Date of birth			
Health & Care Number if known		Hospital Number if known	
Address			
	Country		Post Code
Telephone			
Email address			

Section 2: Details of person acting on behalf of patient (REPRESENTATIVE)			
Surname		Title	
Forename(s)			
Current address			
	Country		Post Code
Telephone			

Section 3: Your relationship to the patient

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Please tick appropriate box:

☐ 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 has consented to my making this request, or is incapable of understanding the request (delete as appropriate)

☐ I have parental responsibilities for the patient who is a minor under 16 years old.

☐ I have been appointed as the Mental Capacity Advocate for this patient and wish to access copies of their records—I have attached confirmation of my appointment.

☐ I have been appointed by a court to manage the affairs of the patient—I have attached confirmation of my appointment.

☐ Other—please state:

Section 4: Description of information requested

Please tick the appropriate box to indicate if you wish to access:

(Note: if only part of the record is needed, this protects your privacy and reduces Practice photo-copying costs.

☐ ALL records

☐ Records between certain dates or on a specific date (Please specify the dates below):

Please tick ALL relevant boxes to indicate which types of records you wish to access:	☐ Computer summary report ☐ Records of consultations – please specify dates ☐ Scanned Correspondence ☐ Referral Letters ☐ A&E records ☐ Results of Investigations ☐ Prescribing Records ☐ Others

Section 5: Declaration—please complete either Part A or Part B

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Part A:

☐ **I am the PATIENT**

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 2018. I understand that it is necessary for the Practice to confirm my identity and it may be necessary to obtain more detailed information to confirm my identity and/or locate the correct information.

Full name (print): _____

Signed: _____ Date (print): _____

Part B: I am the patient giving authority to a representative to act on my behalf.

I hereby give my consent for the below named to make a Subject Access Request (SAR) on my behalf under GDPR 2018 to Dr Drew & Partners.

Full name of patient(print): _____

Signed: _____ Date (print): _____

Full name of representative (print): _____

Relationship to patient (print): _____

If a solicitor is dealing with your request, please tick this box if you are happy for your medical notes to be given directly to them without you seeing them first ☐

You are advised that the making of false or misleading statements in order to obtain confidential medical information to which you are not entitled, is a criminal offence.

Additional notes:

Before returning this form, please ensure that you have:

1. signed and dated this form
2. enclosed proof of your identity
3. enclosed documentation to support your request (if applying for another person's records)

Please note a member of the Reception team will contact you by telephone when the records are ready for collection. We do not post copies of medical records. The notes must be collected by the patient or their representative and relevant ID must be produced as per Section 6.

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Section 6: Supporting documents and identification

In order to confirm your identity, you will need to provide us with:

- the original or a certified copy of one of the documents from the proof of identity list below
- one item from the **proof of address** list below

Please tick the appropriate box to indicate which document you have enclosed:

Proof of identity	Proof of address
☐ Current passport ☐ Current photocard driving licence ☐ Current EU driving licence ☐ HM Forces ID card	☐ Utility bill (no more than 3 months old) ☐ Medical Card ☐ Current benefit book or card, or original notification from the Department of Work and Pensions confirming rights to benefits ☐ Recent bank statement (no more than 3 months old)

For Patients applying for his/her own records

One copy of identity required plus one proof of address

For Someone applying on behalf of a patient (Representative)

One item showing proof of the ***patient's identity*** and one item showing proof of the ***representative's identity*** Please select from the list above

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

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