

## **APPLICATION FOR ACCESS TO MEDICAL RECORDS**

### ***Data Protection Act 1998 Subject Access Request***

#### **Details of the Record to be accessed:**

<b><u>Patient Surname:</u></b>	<b><u>NHS Number(if known):</u></b>
<b><u>Forename(s):</u></b>	<b><u>Address:</u></b>
<b><u>Date of Birth:</u></b>	

#### **Details of the person of who wishes to access the records, if different to above:**

<b><u>Surname:</u></b>	
<b><u>Forename(s):</u></b>	
<b><u>Address:</u></b>	
<b><u>Telephone Number:</u></b>	
<b><u>Relationship to patient:</u></b>	

**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 Data Protection Act 1998.*

#### **Tick which of the following statements apply:**

- ☐ I am the patient.
- ☐ I have been asked to act by the patient and attach the patient's written authorisation.
- ☐ I am acting in Loco Parentis and the patient is under sixteen, and is incapable of understanding the request / has consented to me making this request.  
*(\*delete as appropriate)*
- ☐ I am the deceased patient's Personal Representative and attach confirmation of my appointment.
- ☐ I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that... *(please specify your reasons below)*

.....

**Your Signature:** ..... **Date:** .....

*Note: Initial request of copy records is free. We have up to 30 days to respond to your request. If requesting copy of medical records for the second time within a month of a previous request and up to one year of initial request there is a fee of £50 admin charge for re-copy of records.*

### **Details of my application**

*(Please tick as appropriate)*

#### **Patient to complete**

<b>I am applying for access to view my records only</b>	
<b>I am applying for copies of my medical record</b>	
<b>I am applying for my vaccination record</b>	
<b>I am applying for copies of my blood results</b>	
<b>I have instructed someone else to apply on my behalf</b>	
<b>I have attached the appropriate fee</b>	

#### **Notes:**

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records.

#### **Optional:**

Please use the boxes provided to inform us of certain periods and parts of your health record you may require, or provide more information as requested above. This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports.

Please note defining the specific records you need may result in a quicker response.

<b>I would like to request a patient summary.</b>	
<b>I would like to request a copy of all records.</b>	
<b>I would like a copy of records between specific dates only.</b> <i>(Please give dates below)</i>	
<b>I would like a copy of records relating to a specific condition / specific incident only.</b> <i>(Please detail below)</i>	
<b>I would like to request a copy of my vaccination records.</b>	
<b>I would like to request a copy of my blood results from specific dates only.</b> <i>(please give dates below)</i>	