

**Application for access to medical records
(General Data Protection Regulation 2018)**

PLEASE RETURN TO SECRETARIAL TEAM

Details of the Record to be Accessed:

Patient Surname:	NHS Number:
Forename(s):	Address:
Date of Birth:	

Details of the Person who wishes to access the records, if different to above:

Surname:	
Forename(s):	
Address:	
Telephone Number:	
Relationship to Patient:	

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 General Data Protection Regulation 2018.

Tick whichever of the following statements apply.

- i. I am the patient.
- ii. I have been asked to act by the patient and attach the patient's written authorisation.
- iii. I am acting in Loco Parentis and the patient is under age sixteen; and is incapable of understanding the request / has consented to me making this request (a GP may be asked to assess the patient's competence)

Signature:

Date:

Staff Use -

Patient Photo ID seen – Yes / No Date:

Request received:

Request completed:

Details of my Application

Patient to complete (please tick as appropriate):

I would like a summary of my medical record	
I would like a copy of my full medical record	
I have instructed someone else to apply on my behalf	

Notes:

You do not have to give a reason for applying for access to your health records.

Optional – Please use the space below to inform us of certain periods and parts of your health record you may require; or provide more information.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in a quicker response.

I would like a copy of my records between specific dates only (please give date range)	
I would like a copy of records relating to a specific condition / specific incident only (please detail)	

Whilst we no longer charge for access to medical records, we may apply a small administration fee of 20p a sheet to a maximum of £5, where duplicated requests are required. Postage and packaging where required will be chargeable. Requests will be responded to within 1 month.

I confirm receipt of my medical records and understand that if I make a duplicate request in the near future I will be liable for the charges listed above.

Signature:

Date: