

APPLICATION FOR ACCESS TO MEDICAL RECORDS

Data Protection Act 1998 and EU General Data Protection Regulation

Subject Access Request

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	

GP Health Records for deceased individuals - NHS England is the data controller of GP health records where an individual is deceased. These records are held by Primary Care Support England (PCSE) on behalf of NHS England. You can find the application form and details of where to send your request on www.pcse.england.nhs.uk/organisations/public/

We aim to make your records available to you within 28 days of receiving your fully completed request with proof of your identity

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 ever 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 age sixteen, and is incapable of understanding the request / has consented to me making this request.
(*delete as appropriate).

YOUR SIGNATURE.....DATE.....

Details of my Application - (please tick as appropriate)

Patient to complete

Please provide a brief explanation for your request to access your medical records	
I would like to view my records only <i>A date will be offered to you when you may view your records</i>	
I would like a copy of records between specific dates only (please give date range) below: Date From.....To.....	
I would like copy records relating to a specific condition / specific incident only (please detail below): Date.....Condition/Incident.....	
I would like a printed copy of computerised only records (complete from 2005)	
I would like photocopies of all computerised and paper records	
I would like to collect copies of the records or have authorised someone else to collect on my behalf (please insert name) Name	

For practice use:

Identification	
Identity documentation is required in order to for us to process your request. Please provide us with a copies as list below: Please note: 1. The copy identity documentation will be shredded once we have verified your identity. 2. It is an offence under section 55 of the Data Protection Act 1998 to impersonate a data subject.	
If SAR for Patient	Practice Use only: <i>(Initial as seen and date)</i>
Your Passport OR Driving License OR Birth Certificate	
And Your Current utility bill or bank statement	
If SAR on behalf of patient as authorised by patient	
Your Passport OR Driving License OR Birth Certificate	
And Your Current utility bill or bank statement	
And Written authorisation from patient	
If SAR on behalf of child by persons with parental responsibility or Powers of attorney/Agent please contact us to confirm ID required for SAR on behalf of Child	