

ABBEY ROAD SURGERY

16.0 Appendix A - Application for Access to Medical Records

Data Protection Act 1998 Subject Access Request

Details of the Record to be accessed

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

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

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

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 whichever 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).
- 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 supply your reasons below):

YOUR SIGNATURE: _____

DATE: _____

PLEASE NOTE:

No fees to allow patients access to their own health records.

The request should be made 21 days prior notice is usually required.

Details of my Application (please tick as appropriate). Patient to complete:

- ◆ I am applying for access to view my records only
- ◆ I am applying for copies of my medical record
- ◆ I have instructed someone else to apply on my behalf

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 this space below 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.

I would like a copy of all records Y / N

I would like a copy of records between specific dates only (please give date range below):

I would like copy records relating to a specific condition / specific incident only (please detail below):