APPLICATION FOR ACCESS TO MEDICAL RECORDS

Data Protection Act 2017 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 |  |

**Application must be made in person with photographic proof of ID.**

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 2017.

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 and attach the patient’s written consent

(\*delete as appropriate).

* I am the deceased patient’s Personal Representative and attach confirmation of my appointment.
* It is my responsibility to keep this information secure.

**Details of my Application** (please tick as appropriate)

|  |  |
| --- | --- |
| I would like a copy of all records (no including third party information) |  |
| I would like a copy of records between specific dates only (please give date range)  |  |
| I would like copy records relating to a specific condition / specific incident only (Use back of sheet if necessary) |  |

**YOUR SIGNATURE………………………………….DATE………………………..**

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**Administration Section** Proof of photographic ID checked