**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS**

**in accordance with the General Data Protection Regulation (GDPR)**

**DATA SUBJECT ACCESS REQUEST**

This form must be completed in blue or black ink and signed in order for us to process your

request.

**Section 1: Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **Title** | | **(i.e. Mr, Mrs, Ms, Dr)** | | **Name:** |
| **Date of birth** | **Address:** |
| **Telephone number** |
| **NHS number (if known)** |

**Section 2: Record requested**

The more specific you can be, the easier it is for us to quickly provide you with the records

requested. Record in respect of treatment for: (e.g. leg injury following a car accident)

|  |  |
| --- | --- |
| **Please provide me with a copy of records between the dates specified below:** | |
| **Please provide me with a copy of records relating to the incident specified below:** | |
| **Please provide me with a copy of records relating to the condition specified below:** | |
| **Please provide me with a copy of all electronic records held (please tick)** |  |

**Section 3: Details and declaration of applicant**

**Please enter details of applicant if different from Section 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Title**  **(Mr, Mrs, Ms, Dr)** |  |
| **Forename(s)** |  | **Address** | |
| **Telephone number** |  |
| **Capacity in which requesting (Name of Organisation)** | |  | |

**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

GDPR.

Please tick:

* I am the patient
* I have been asked to act by the patient and attach the patient’s written authorisation
* I am the patient’s parent / guardian and the patient is under the age of 16

and:

1. has consented to my making this request, or
2. is incapable of understanding the request (delete as appropriate)

* I have been appointed by the court to manage the patient’s affairs and attach a certified copy the court order appointing me to do so

Signature of applicant: .....................................................Date: ………………………..

**You are advised that the making of false or misleading statements in order to obtain**

**personal information to which you are not entitled is a criminal offence which could**

**lead to prosecution.**

**Section 4: Proof of identity**

Please indicate how proof of ID has been confirmed. Please select ‘A’ or ‘B’:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Method in which identity is**  **confirmed** | **Option taken** | **Documents attached** |
| A | Attached copies of documents as  noted in section 4A below | Yes/No | If Yes, please indicate which documents have been attached |

**4A – Evidence**

**Evidence of the patient’s and/or the patient’s representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:**

|  |  |  |
| --- | --- | --- |
|  | **Type of applicant** | **Type of documentation** |
| **A** | An individual applying for his/her  own records | One copy of identity required,  e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc. |
| **B** | Someone applying on behalf of an  individual (Representative) | One item showing proof of the patient’s identity and one item showing proof of the  representative’s identity (see examples in ‘**A’** above) |
| **C** | Person with parental responsibility  applying on behalf of a child | Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient |
| **D** | Power of Attorney/Agent applying on behalf of an individual | Copy of a court order authorising Power of Attorney/Agent plus proof of the patient’s identity (see examples in ‘**A’** above) |