

APPLICATION FOR ACCESS TO MEDICAL RECORDS
Data Protection Act 2018 (GDPR) - 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	

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 2018.

(please tick as appropriate)

I am the patient.	<input type="checkbox"/>
I have been asked to act by the patient and attach the patient's written authorisation.	<input type="checkbox"/>
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).	<input type="checkbox"/>

Applicants signature.....Date.....

If acting in Loco Parentis

Parent signatureDate.....

**Details of Application
Patient to complete**

(please tick as appropriate)

I am applying for access for access to online records*	
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 2018 (GDPR) you do not have to give a reason for applying for access to your health records.

You will be asked to provide photographic identification or a birth certificate or work permit/visa with a copy of a recent financial statement.

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 or parts of the records you require.

Note: defining the specific records you need may result in a quicker response. Access to electronic online records only will also greatly reduce the practices administrative time in processing requests.

(please tick as appropriate)

I would like a copy of all records	
I would like a copy of records between specific dates only (please give date range) From..... To.....	

***No fees apply for online access to records**

****Where a request from a patient is manifestly unfounded or excessive, the practice may —**

- (a) charge a reasonable fee for dealing with the request, or**
- (b) refuse to act on the request.**

An example of a request that may be excessive is one that merely repeats the substance of previous requests.

Please continue to complete page 3 if requesting access to online medical records

Application for online access to my medical record

I wish to have online access to my full electronic medical record	
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I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	
2. I will be responsible for the security of the information that I see or download	
3. If I choose to share my information with anyone else, this is at my own risk	
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	
Signature:	Date:

For practice use only – on completion scan to medical record with copy of ID attached

Patient NHS number		Date of request received	
Identity verified by (initials)	Date	Identification checked and copied <input type="checkbox"/>	
Authorised by (must be a GP Partner):			Date