

APPLICATION FOR ACCESS TO MEDICAL RECORDS

Data Protection Act 1998 Subject Access Request

Details of the Record to be Accessed:

Surname	
Forename(s)	
Date of birth	
Address	
NHS number	

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

Surname	
Forename(s)	
Address	
Telephone number	
Relationship to patient	

Tick whichever of the following statements apply:

	<input checked="" type="checkbox"/>
I am the patient	
I have been asked to act by the patient and attach the patient's written authorisation	
I am acting in <i>Loco Parentis</i> 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)	
I agree to ask for help in the future if I am unsure what to do in a particular circumstance	

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.

Signed:

Date:

Person(s) responsible for review of this protocol: Sue Siddorn
 Date of last review: 08/05/2018
 Date of next review: 08/05/2019

Details of my Application

Patient to complete

Tick whichever of the following statements apply:

	<input checked="" type="checkbox"/>
I am applying for access to view my records only	<input type="checkbox"/>
I am applying for copies of my medical record	<input type="checkbox"/>
I have instructed someone else to apply on my behalf	<input type="checkbox"/>
I have attached the appropriate fee	<input type="checkbox"/>

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. Note: defining the specific records you need may result in lower fee charges and a quicker response.

	<input checked="" type="checkbox"/>
I would like a copy of all records	<input type="checkbox"/>
I would like a copy of records between specific dates only (please give date range below)	<input type="checkbox"/>
I would like copy records relating to a specific condition / specific incident only (please detail below)	<input type="checkbox"/>

Additional information: