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**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS**

**SUBJECT ACCESS REQUEST**

As part of the General Data Protection Regulations (GDPR), patients have a right to access their health records. You can have access to your records by one of the following methods.

* **Online Access –** We advise this option as you can simply log-in online and view your up-to-date record at any time you wish. By having online access to your record, you can also take advantage of being able to request your repeat medication and booking appointments.
* **Printed Report –** We can also print your health record for you. This can be collected from any of our 3 surgeries, ID must be shown at the time of collection.

**PATIENT DETAILS**

|  |
| --- |
| Name |
| Address |
| NHS Number |
| Date of Birth |
| Telephone Number |
| Email Address |

**APPLICANT DETAILS** (if different from above)

|  |
| --- |
| Name |
| Address |
| Organisation |
| Telephone |

**REQUEST FOR**: (please choose one option)

|  |
| --- |
| Online Access |
| Printed Record |

**RECORD REQUESTED**

|  |
| --- |
| My full record – see below\*\* |
| My record for these specific dates |
| My record for these specific conditions |
| My record for these specific events |

\*\*If you are requesting full records, please note that prior to 2001 your records will display a summary of key information. If you require the full record prior to this date, please provide your reason below.

|  |
| --- |
|  |

**Can we refuse to comply with a request? -** We can refuse to comply with a subject access request if it is manifestly unfounded or excessive, considering whether the request is repetitive in nature.

If we consider that it is, we can.

* request a “reasonable fee” to deal with the request.
* refuse to deal with the request.

In either circumstance we will justify our decision. If we decide to charge a fee, we will contact you promptly and inform you of the likely costs. We do not need to comply with the request until the fee is received.

**How long do we have to comply?** - We will act on the subject access request without undue delay and at the latest within 28 days of receipt.

**DECLARATION**

|  |
| --- |
| I am the patient |
| I have been asked to act by the patient and attach the patient’s written authorisation |
| I have full parental responsibility for the patient, the patient is under the age of 18 and:  has consented to my making this request, or  is incapable of making the request |
| I have been appointed by the court to manage the patient’s affairs and attach a certified copy of the court order appointing me to do so |
| I am the deceased patient’s Personal Representative and attach confirmation of my appointment (Grant of Probate/Letter of Administration |

**PROOF OF IDENTITY PROVIDED:**

|  |  |
| --- | --- |
| (A List) | (B List) |
| Birth Certificate  Passport  Driving Licence | Utility Bill  Medical Card  Other |

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 my health records referred to above under the terms of the GDPR.

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Date |  |

For office use only

|  |  |
| --- | --- |
| Authorising signature |  |
| Print Name |  |
| Date |  |