APPLICATION FOR ACCESS TO MEDICAL RECORDS Data Protection Act 1998 Subject Access Request

PLEASE CIRCLE COPIES/ACCESS/BOTH

Details of the Record to be Accessed:

Patient Surname	
Forename(s)	
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 1998.

Tick which ever of the following statements apply.

- $\circ~~$ I am the patient.
- \circ 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.

(*delete as appropriate).

- $\circ~$ 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).

YOUR SIGNATURE......DATE..... Charges: £10.00 if copies are required £10.00 if access only is required (this will require an appointment with the Practice Nurse)

£20.00 for copies/access

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.