East Park Medical Practice

Patient Access to Medical Records - Request Form

Access to Health Records under the General Data Protection Regulation
(Subject Access Request)

Patient's authority consent form for release of health records (Manual or Computerised Health Records)

(Please print all details and use dark ink)

Initial access is provided free of charge unless the request is 'manifestly unfounded' or 'excessive'– in which case a 'reasonable' fee can be charged.

For further requests for the same information, a 'reasonable fee' can be charged to cover administration costs.

Please provide two types if identification i.e. passport, driving licence, birth certificate and additional proof of address i.e. bank statement, utility bill (one must contain a photograph) when you come to collect or view your records. If collecting on behalf of a child please bring their birth certificate.

Please note under GDPR there is a 28-day deadline for a Subject Access Request

Identity of individual about whom information is requested

Full Name	Former name(s)
Current address	Former address (with dates of change) if in last 5 years
Date of birth	NHS number (if known)
Contact phone number (including area code)	E-mail address: (can be supplied via secure email)

What is being applied for (tick as applicable)? In doing so you understand you may have to pay a fee for access or copies of your records.

I am applying for access to view my health records	
I am applying for copies of my health record	

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc. Please use the space on the following page to document this information:

Dates and types of records:

Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access.

I am applying to access my health records	
I have instructed my authorised representative to apply on my behalf	

If you are the patient's representative please give details here:

Name and address of representative
Contact number and E-mail
Signature

Signature of applicant ……

Print **name……**

Date…….....

(Office use only)

Date of application received ……..

Received by …… Signed: ……..

Agreed by Doctor

Signed…… Date……