

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 and can share it with whoever you wish too. By having online access to your record, you can also take advantage of being able to request your repeat medication and booking appointments too.
- **Emailed Electronic record (also available printed)**– We can email your full electronic health record to you, this will included the last 10 years of clinical letter attachment as well. Or we can send a summary/Vaccination record/medication only. Emailing is an eco-friendly and cost-effective method. We would usually aim to do this for you within the week.
- **Full photocopy of paper records and print of electronic records** – This option however is not eco-friendly and is also timely and costly to the practice. We therefore request that you choose one of the other options above. This will take up to 30 days

Please now complete this application form below.

Patient Details

Name	NHS Number
Address	Date of birth
	Home Telephone
	Mobile Telephone
	Email Address

Applicant Details (if different from above)

Name	Organisation
Address	Telephone
	Mobile Telephone

Request For:

- | | |
|---|---|
| <input type="checkbox"/> Online Access | Recommended option (see above). |
| <input type="checkbox"/> Electronic record | <input type="checkbox"/> Emailed Recommended. or <input type="checkbox"/> Printed Recommended |
| <input type="checkbox"/> Full copied record | Not recommended. |

If NOT Full Record requested, Please select from below:

- | |
|---|
| <input type="checkbox"/> NHS Number Only |
| <input type="checkbox"/> Summary |
| <input type="checkbox"/> Medication Only |
| <input type="checkbox"/> Vaccinations only |
| <input type="checkbox"/> Blood results |
| <input type="checkbox"/> My record for these specific dates: |
| <input type="checkbox"/> My record for these specific events: |
| <input type="checkbox"/> Other: |

Declaration

- | |
|--|
| <input type="checkbox"/> 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 have full parental responsibility for the patient and the patient is under the age of 18 and: <input type="checkbox"/> has consented to my making this request, or <input type="checkbox"/> is incapable of understanding the request |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration) |
| <input type="checkbox"/> I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment |
| <input type="checkbox"/> I have a claim arising from the person's death (Please state details below) |

Proof of Identity Provided:

<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Driving Licence
<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	Medical Card

Office Use	
<input type="checkbox"/>	I have seen ID above . NameSIGN.....
<input type="checkbox"/>	2nd Staff member - I have seen Document printed/emailed and I confirm it is for the above named patient with no 3 rd party content. Name SIGN.....

Signature of Applicant

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 GDPR.

Signature	
Print Name	
Date	

PATIENT INFO - Please keep this page for your information

If you have any queries while waiting for your request please email:

Maxine.Holmes@nhs.net who will be able to help you with your enquiry. We would prefer if you could refrain from phoning unless absolutely necessary in order to keep our phone lines clear for medical problems. Many Thanks