

APPLICATION FOR ACCESS TO MEDICAL RECORDS
Data Protection Act 1998/General Data Protection Regulations 2018
Subject Access Request

Making an Access Request

- Fill out the following access form
- Ensure you read the entire form
- Ensure the form is fully completed (both sides) and return to the receptionist
- Your request will be actioned within 28 days

1. Details of the Record to be accessed:

Patient Surname:	
Forename(s):	
Address:	
Date of Birth:	NHS no:

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

Surname:	
Forename(s):	
Address:	
Telephone number:	Relationship to patient:

Requesting computer print out of medical records relating to:

For office use only

Date Information given to patient:

Initials

2. In order to ensure the records are given to the correct person, proof of identification is required.

Please bring with you on collection a **PHOTOCOPY or Original** of the following showing your:

First name Last name Address Date of birth

Examples are:

Current UK Driving Licence	or	Personal ID	plus one of the following	Address ID
		Current signed passport		Recent utility bill (Within the last 3 Months)
		ID Card		Local Authority Council Tax Bill
		Bank Card Work ID Card		Bank/Building Society Statement of personal account

If this information is not provided we cannot release the copies.

If you would like someone else to collect the information on your behalf, please state their name here _____ . Please note, they will be required to provide identification on collection.

3. 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 and General Data Protection Regulations 2018.

Tick which ever of the following statements apply.

- I am the patient
- I have Lasting Power of Attorney (Health & Welfare) or Deputyship Order (Health & Welfare) (copy enclosed)
- I am the patient's parent/legal guardian and have parental responsibility. The patient is under 16 years old and lacks capacity to understand the request.
- I am the deceased patient's Personal Representative and attach confirmation of my appointment (Next of kin status does not automatically entitle applicants to have access to information held. A Will showing the executor(s) or letter of administration is suitable proof)

..... Signature Date

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