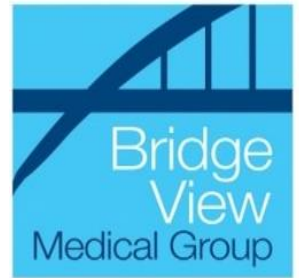


**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS**  
**in accordance with the General Data Protection Regulation**  
**(GDPR)**  
**DATA SUBJECT ACCESS REQUEST**

**SHORT EXTRACT**



This form must be completed in blue or black ink and signed to allow us to process your request.

**Section 1: Patient details**

<b>Surname</b>		<b>Maiden name</b>	
<b>Forename</b>		<b>Title</b> (i.e. Mr, Mrs, Ms, Dr)	
<b>Date of birth</b>		<b>Address:</b>	
<b>Telephone number</b>		<b>Postcode:</b>	
<b>NHS number (if known)</b>		<b>Hospital number (if known)</b>	

**Section 2: Record requested**

Please tick below what you would like from your records

- ☐ A list of immunisations
- ☐ A list of your significant problems
- ☐ A list of your medication
- ☐ A brief summary
- ☐ A letter
  - From what date .....
  - From who .....

You must provide proof of identity before we can proceed.  
Please turn over to view documents required.

## STAFF USE:

### Section 4: Proof of identity

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which identity is confirmed	Option taken	Documents attached
A	Attached copies of documents as noted in section 4A below	Yes/No	If Yes, please indicate here which documents have been attached
B	Countersignature (section 4B). This should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided)	Yes/No	Please indicate reason why this section was completed

#### 4A – Evidence

**Evidence of the patient's and/or the patient's representative identity will be required. Please attach copies of the required documentation to this application form.**

**Examples of required documentation are:**

	Type of applicant	Type of documentation
<b>A</b>	An individual applying for his/her own records	One copy of identity required, e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc.
<b>B</b>	Representative - someone applying on behalf of an individual	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
<b>C</b>	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient
<b>D</b>	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in 'A' above)

### 5. Collection of information requested

I confirm receipt of the information requested:

Collected on (date): .....

By (please print): .....

Signature: ..... Date: .....