

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

**Section 1: Patient Details**

Title (e.g. Mr, Mrs, Ms, Dr)	NHS Number
Patient Surname	Address
Forename(s)	
Date of Birth	Postcode
Telephone number	

**Section 2: Records requested**

Please use this space below to inform us of certain periods and parts of your health record you may require.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in lower fee charges and a quicker response.

Information requested	Please tick	Date range	
		From	To
I would like copy records relating to a specific condition (please state condition below)			
I would like copy records relating to a specific incident only (please detail below)			
I would like a copy of records between specific dates only			
I would like a copy of all records			

Please supply any further information which may be helpful when completing your request in the space below.

**Section 3: Details and declaration of applicant**

**Please enter details of the applicant (if different section1)**

Title (e.g. Mr, Mrs, Ms, Dr)	Address
Surname	
Forename(s)	
Telephone number	Postcode

**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.

Tick whichever of the following statements apply.

- I am the patient.
- I have been asked to act by the patient and attach the patient's written authorisation.
- I have full parental responsibility for the patient and the patient is under the age of 18 and:
  - (a) has consented to my making this request, or
  - (b) is incapable of understanding the request (delete as appropriate)
- 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
- I am acting *in loco parentis* as the patient is incapable of understanding the request
- I am the deceased patient's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- 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).

**SIGNATURE OF APPLICANT .....** **DATE.....**

In most cases we will not charge you a fee to comply with a subject access request.

However, where the request is manifestly unfounded or excessive we may charge a "reasonable fee" for the administrative costs of complying with the request.

We may also charge a reasonable fee if an individual requests further copies of their data following a request.

**Section 4: Proof of identity (to be completed on collection of notes)**

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

	<b>Method in which identity is confirmed</b>	<b>Option taken</b>	<b>Documents attached</b>
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:**

	<b>Type of applicant</b>	<b>Type of documentation</b>
<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>	Someone applying on behalf of an individual (Representative)	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)

**4B – Counter signature (to be completed to present when notes are collected)**

**This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A cannot be fulfilled.**

I (insert full name).....

Certify that the applicant (insert name).....

Has been known to me personally as ..... for .....years  
(Insert in what capacity, e.g. employee, client, patient, relative etc.)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Signed .....

Date .....

Profession. ....

(please see over for accepted occupations)

Professional Body number .....

Title (e.g. Mr, Mrs, Ms, Dr)	Address
Surname	
Forename(s)	Postcode
Telephone number	Profession
Registered Body	Registration Number

**Additional notes**

Before returning this form, please ensure that you have:

- a) signed and dated this form
- b) enclosed proof of your identity or alternatively confirmed your identity by a countersignature
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form.

### Accepted occupations for counter signatories

- accountant
- airline pilot
- articulated clerk of a limited company
- assurance agent of recognised company
- bank/building society official
- barrister
- chairman/director of limited company
- chiropodist
- commissioner for oaths
- councillor, eg local or county
- civil servant (permanent)
- dentist
- director/manager/personnel officer of a VAT-registered company
- engineer - with professional qualifications
- financial services intermediary, eg a stockbroker or insurance broker
- fire service official
- funeral director
- insurance agent (full time) of a recognised company
- journalist
- Justice of the Peace
- legal secretary - member of the Institute of Legal Secretaries and PAs
- licensee of public house
- local government officer
- manager/personnel officer of a limited company
- member, associate or fellow of a professional body
- Member of Parliament
- Merchant Navy officer
- minister of a recognised religion - including Christian Science
- nurse - RGN or RMN
- officer of the armed services
- optician
- paralegal - qualified paralegal or member of the Institute of Paralegals
- person with honours, eg an OBE or MBE
- pharmacist
- photographer - professional
- police officer
- Post Office official
- president/secretary of a recognised organisation
- Salvation Army officer

- social worker
- solicitor
- surveyor
- teacher, lecturer
- trade union officer
- travel agent - qualified
- valuer or auctioneer - fellows and associate members of the incorporated society
- Warrant Officers and Chief Petty Officers