APPLICATION FOR ACCESS TO MEDICAL RECORDS

Data Protection Act 1998 Subject Access Request

**Details of the Record to be Accessed:**

|  |  |
| --- | --- |
| Patient Surname | NHS Number |
| Forename(s) | Address |
| Date of Birth |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | |  | |
| Forename(s) | |  | |
| Address | |  | |
| Telephone Number |  | Email: |  |
| Relationship to Patient | |  | |

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.

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 am acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request (consent must be attached)

(\*delete as appropriate).

* I am the deceased patient’s Personal Representative and attach confirmation of my appointment.
* 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).

**YOUR SIGNATURE……………………..DATE………………………..**

Please note

The practice will contact you with timescales if we are unable to meet your request within one month.

Continued>>

**Details of my Application (**please tick as appropriate)

**Patient to complete**

|  |  |
| --- | --- |
| **I am applying for access to view my records only** |  |
| **I am applying for copies of my medical record held on computer** |  |
| **I am applying for copies of my medical record held on computer and in paper format** |  |
| **I have instructed someone else to apply on my behalf** |  |

**Notes:**

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records.

**Optional** - Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above.

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 a quicker response.

*Making copies and checking records for third party references which may break the confidentiality of other persons takes admin and GP time which would otherwise be spent on medical care. Please consider carefully how much information you really need and help us to help you.*

|  |  |
| --- | --- |
|  |  |
| **I would like a copy of records between specific dates only (please give date range) below** |  |
| **I would like copy records relating to a specific condition / specific incident only (please detail below)** |  |
| **I would like a copy of all records** |  |

**For staff and iGPR reference only:**

|  |  |
| --- | --- |
| **Verbal request?** | Y / N |

PLEASE NOTE:

We use a processor, iGPR Technologies Limited (“iGPR”), to assist us with responding to report requests relating to your patient data, such as subject access requests that you submit to us (or that someone acting on your behalf submits to us) and report requests that insurers submit to us under the Access to Medical Records Act 1988 in relation to a life insurance policy that you hold or that you are applying for. iGPR manages the reporting process for us by reviewing and responding to requests in accordance with our instructions and all applicable laws, including UK data protection laws. The instructions we issue to iGPR include general instructions on responding to requests and specific instructions on issues that will require further consultation with the GP responsible for your care.

To contact iGPR email: managedservice@igpr.co.uk