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SHERWOOD  
NOTTINGHAM  
NG5 3HU

DR JULIAN HENRY  
DR JONATHAN LLOYD

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NHS Number:

Dear

**RE: Full Online Access to Medical Records**

Thank you for your request to view your medical record online.

Please read the enclosed patient information leaflet before completing the enclosed application form. This form will need to be presented to the practice along with an approved form of photo identification, ideally a passport or driving licence.

Once you have returned the completed application form this will be considered and the decision to allow access will be made. This process can take up 1 month from receipt of the application.

Further information is also available at

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/2015/po-patient-faqs.pdf>

If you have any queries then please do not hesitate to contact me.

Yours sincerely

Patricia Gibbons  
**Practice Manager, Tudor House Medical Practice**

## Patient Access to Full Medical Records - Request Form

### Access to Health Records under the General Data Protection Regulations 2016 (Subject Access Request)

Below is background information regarding your rights under the Data Protection Act 2018 in relation to requesting access to your health records, along with a form to assist you to make your request.

The General Data Protection Regulation 2016 (GDPR) and Data Protection Act 2018 gives every living person, or an authorised representative, the right to apply for access to health records. A request should be made (this includes e-mail) to the data controller at the NHS organisation where your records are held. Please contact us for alternative methods of obtaining access if you are unable to make a request in writing.

Under the GDPR, there is NO fee to view your health records or to be provided with a copy of them. We are obliged to comply with your access request unless:

- We have insufficient information to identify you and to locate the information held about you.
- If your request is deemed to be repetitive (i.e. you have already received your information in the past 12 months)
- It is excessive in nature for excessive requests based on a case-by-case judgement we may pass on our administrative costs.

Once we have all the required information, where relevant, your request will be dealt with within one month. In exceptional circumstances, where it is not possible to comply with this timeframe, you will be informed of the delay and given a timescale of no longer than a further two months from the date of request for when your request is likely to be met. If you choose to share your information with anyone else, this will be at your own risk.

In some circumstances, the legislation permits us to withhold information held in your health records. These rare cases are:

- Where it has been judged that supplying you with the information is likely to cause serious harm to the physical or mental health or condition you, or any other person, or;
- Where providing you with access would disclose information relating to or provided by a third person who had not consented to the disclosure, this exemption does not apply where that third person is a health professional involved in your care.

When making your request for access, it would be helpful if you could provide details of the periods and parts of your health record you require. Although this is optional, it will help save NHS time and resources, and may avoid the issue of excessive requests and associated costs.

If you are using an authorised representative, you need to be aware that in doing so they may gain access to all health records concerning you, which may not be relevant. If this is a concern, you should inform your representative of what information you wish them to specifically request when they are applying for access.

If you have any complaints about any aspect of your application to obtain access to your health records, you should first discuss this with the Practice. If this proves unsuccessful, you can make a complaint through the NHS Complaints Procedure by contacting the NHS organisation formally. Further information about the NHS Complaints Procedure is available on the NHS Choices website at:

[www.nhs.uk/aboutNHSChoices/pages/Howtocomplaincompliment.aspx](http://www.nhs.uk/aboutNHSChoices/pages/Howtocomplaincompliment.aspx)

Alternatively, you can contact the Information Commissioners Office (responsible for governing Data Protection compliance) at: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, Tel 01625 545700, or [www.ico.org.uk](http://www.ico.org.uk).

**Patient's authority consent form for release of health records (Manual or Computerised Health Records)**

**PLEASE WRITE IN CAPITAL LETTERS**

**Identity of individual about whom information is requested**

Full Name	Former name(s)
Current address	Former address (with dates of change)
Date of birth	NHS number (if known)
Contact phone number (including area code)	E-mail address: (optional)

**What is being applied for (tick as applicable).**

Detailed coded record	<input type="checkbox"/>
Full clinical record	<input type="checkbox"/>

**Dates and types of records:**

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**Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access.**

I am applying to access my own health records	
I have instructed my authorised representative to apply on my behalf	

**If you are the patient's representative please give details here:**

Name and address of representative
Contact number and E-mail
Signature

**Signature of applicant .....**

**Print name.....Date.....**

## Important Information – Please read before returning this form

### Before you apply for access to your record, there are some other things to consider.

Although the chances of any of the following happening are very small, you will be asked if you have read and understood the following before you are granted access to your medical record by the Practice.

#### Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

#### Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

#### Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

#### Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

#### Misunderstanding Medical Information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

#### Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

I wish to access my medical record and understand and agree with each statement (please tick)

I have read and understood the information contained in this form	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>
If I think that I may come under pressure to give access to someone else unwillingly, I will contact the practice as soon as possible	<input type="checkbox"/>

Signature		Date	
Print Name			

**For practice use only**

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of Verifier	Date
Patient consent obtained if representative requesting access	Yes/No		Date
Medical record checked by	Yes/No  GP Name		Date
Staff Name authorising Access	GP Name		Date
Access type	Online/Printed  Tracking ID		Date
Patient informed of access	Phone/Letter  Staff Name		Date