

## REQUEST FOR ACCESS TO RECORDS FORM

This form is for any person who wishes to apply for access to personal data held by **Reepham and Aylsham Medical Practice** only. A separate form should be completed for everyone.

The Access to Health Records Act 1990 and Data Protection Act give patients/clients/staff or their representatives a right of access, subject to certain exemptions, to their health records. The Reepham and Aylsham Medical Practice respect the rights of individuals to have copies of their information wherever possible.

**Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.**



**Charges Payable:** In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our “reasonable administrative charges” to comply with your request.

**NOTE:** This is not a mandatory form – Data Subjects may request access in other formats will also be accepted but this form is designed to speed up the process.

**How long will it take for data to be processed?** Once we are satisfied that you meet the criteria for disclosure of data under the Data Protection Legislation and have provided sufficient information for us to confirm your identity and accept your request for processing, you should receive a response within one calendar month from that date.

Records may be held in several different locations in paper and electronic formats. If you only require specific information and you clearly state what that is – for example a specific document or period when data is needed – then you are likely to get a quicker disclosure.

The form includes a section for giving details if you need a disclosure by a certain date. No guarantee can be given that a disclosure will be completed by that date, but we will endeavour to comply with reasonable requests for expedited action.

**Authority** - When we process information requests for children aged 13 or over and spouses, we require their signature of authority before disclosing data. A separate application form should be completed for everyone.

**PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.**

**1. Details of Patient/Clients/Staff members records to be accessed** (Please complete one form per person)

Surname	Date of Birth
Forename(s)	Current Address
Any former names (If Applicable)	
Telephone Number	Full Postcode
NHS Number (If known/relevant)	Previous Address (If Applicable)
	Full Postcode

2. Details of Records to be Accessed	
In order to locate the records, you require please provide as much information as possible. Please list the department or services you have accessed that you require records from: i.e., healthcare, or Human resources, etc. (Continue on a separate sheet if required).	
Records dated from	Details
/ / to / /	
/ / to / /	
/ / to / /	
/ / to / /	
Please use this space to give us any other details about the information you are requesting, for example by stating specific documents you require (use extra sheets if necessary) and/or date required stating giving reason:	

3. Proof of the applicant's identity	
To prove the applicant's identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying.	

Please DO NOT send an original passport, driving licence or identity card

**List A (photocopy of one from below)**

**List B (plus one original from below) \***

Passport/Travel Document	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>		<input type="checkbox"/>
Child under 16 : Full birth certificate	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

<b>4.</b>	<b>Details of applicant</b> (Complete if different to patients/clients/staff members details)	
Full Name		
Company (if Applicable)		
Relationship with individual whose records have been requested		
Address to which a reply should be sent		Postcode:                      Tel:
<b>5.</b>	<b>Authorisation to release to applicant</b> (to be completed by the patients/clients/staff member if not making their own request)	
<p><b>I (Print name)</b> _____</p> <p>hereby authorise the Reepham and Aylsham Medical Practice to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.</p> <p><b>Signature of patient/client/staff member:</b> _____ <b>Date:</b>    /    /</p>		
<b>6.</b>	<b>Declaration</b>	
<p>I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act.</p> <p><b>Please select one box below:</b></p> <p><input type="checkbox"/> I am the patient/client/staff member (data subject).</p> <p><input type="checkbox"/> I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.</p> <p><input type="checkbox"/> I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).</p> <p><input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)</p> <p><input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.</p> <p><input type="checkbox"/> I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).</p> <p><input type="checkbox"/> I am the deceased patient/client's personal representative and attach confirmation of my appointment.</p> <p><input type="checkbox"/> I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).</p>		

**Please Note:**

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It is necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the Data Protection Act, requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
- For requests under the Access to Health Records Act 1990, requests will be responded to within 40 days where no entries have been made to the patient/client's record 40 days immediately preceding the date of this request, otherwise requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
- Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

<b>Print Name</b>		<b>Signed (Applicant)</b>		<b>Date</b>	/ /
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**Please complete and send this document to:**

The Data Protection Officer, Reepham and Aylsham Medical Practice, 60 Hungate Street, Aylsham, Norfolk,  
NR11 6AA