

Application/Consent for Access to Health Records

The General Data Protection Regulations (GDPR) (EU) Subject Access Request

PATIENT SURNAME:	PATIENTS FORENAME(S):
PATIENT DOB:	CONTACT NUMBER:
PATIENTS ADDRESS INCLUDING POSTCODE:	
I hereby authorise Lister Medical Centre to release/copy any Medical Information, Copies of GP records and/or any Hospital Records.	
PRINT NAME:	SIGNATURE:

The more specific you can be, the easier it is for us to quickly provide you with the records requested.

I am applying for access to view my records only.	
I am applying for copies of my medical records Please provide me with a copy of all records held	
Please provide me with a copy of records between the dates specified:	
Please provide me with a copy of records relating to the incident(s) specified:	
Please provide me with a copy of records relating to the condition(s) specified:	
I have instructed someone else to apply on my behalf: Name:	

Notes:

Under the General Data Protection Regulation (GDPR) (EU) you do not have to give a reason for applying for access to your health records.

Please Note: Usually requests are completed within 30 working days from the date of the request.

DETAILS OF PERSON WHO WISHES TO ACCESS THE RECORDS IF DIFFERENT FROM ABOVE

	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 16 and: Has consented to my making the request. Is incapable of understanding the request
	I am acting in loco parentis and 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 written, and witnessed, consent from the deceased persons Personal Representative and attach proof of 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).

SURNAME:**FORENAME(S):****ADDRESS:****CONTACT NUMBER:****RELATIONSHIP TO PATIENT:****PRINT NAME:****SIGNATURE:**

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 General Data Protection Regulation (GDPR) (EU) on behalf of the patient.

STAFF TO COMPLETE ONLY**Staff Member Received by:****Date:****IDENTIFICATION**

Type of Applicant	Type of Documentation	Example Shown
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.	
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 above)	
Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child and copy of correspondence addressed to person with parental responsibility relating to the patient	
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 above)	

