

North Street Medical Care



Patient Access to Medical Records (under General Data Protection Regulation 2018)

Under Data Protection Legislation, individuals have the right to request copies of information held about them by an organisation. By filling in this form and returning it to North Street Medical Care you are making a subject access request and invoking your right of access.

North Street Medical Care has a duty to keep the information of our patients secure and confidential, and so we must therefore ensure that any applications for access to records have been made either by the patient, or an individual entitled to access the patient's records.

North Street Medical Care will withhold information which we consider might cause serious harm to the physical or mental health of an individual or any other person. If there is any information that will identify a third party, then we may seek their consent for disclosure, or withhold that information.

In most cases, information requested under a Subject Access Request will be provided free of charge within 30 days of receiving the request. However, we can extend this period by up to two months for complex or repeat requests, and we will inform you where we have taken such action.

Please note: Access to your medical records will be provided electronically using a secure and encrypted NHS email account or as a secure sms attachment. Paper copies will only be provided if the patient does not have access to an email address or a smartphone that can view attachments.

For more information on your rights of access, please visit the following link:

<https://ico.org.uk/for-the-public/your-right-to-get-copies-of-your-data/>

Incomplete applications will be returned, therefore, please ensure the form is fully completed before returning it.

For office use only:

Staff initials: _____

Identification provided

Type of ID

APPLICATION FOR ACCESS TO MEDICAL RECORDS (SAR) – PROXY ACCESS

(In accordance with the UK General Data Protection Regulation (UK GDPR))

Section 1: PATIENT DETAILS

Full Name:	
Address:	
Postcode:	
Telephone number:	
Email:	
Date of Birth:	
NHS Number	

Under the terms of the Data Protection Act 2018, I wish to request the following: **(Please select the relevant option(s))**

- Access to **view** my records **only** (NHS App or Patient Access)
- Electronic copy of ALL my medical records
- Printed copy of ALL my medical records
- Electronic copy of medical records from (date) _____ to _____
- Printed copy of medical records from (date) _____ to _____
- Electronic copy of records relating to specific condition/incident only (please detail

below):

- Printed copy of records relating to specific condition/incident only (please detail below)

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 General Data Protection Regulation (GDPR). **You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence that could lead to prosecution.**

Patient signature:

Date: