

**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:	
Telephone Number:	Mobile Number:

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

Surname	
Forename(s)	
Address	
Telephone Number	Mobile Number
Relationship to Patient	

**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	
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 lower fee charges and a quicker response.

I would like a copy of all records	
I would like a copy of records between specific dates only (please give date range)	
I would like copy records relating to a specific condition / specific 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 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.
- ☐ 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.....

This request can take up to 30 days

Once completed, please hand this form, to the Receptionist.

When collecting records please bring proof of photographic ID

For Practice use only:  
Authorising GP Signature: