## **Everest Health Partnership – Letter requests/form completion/reports**

## The practice will no longer offer GP appointments for letters, form filling requests or reports.

Please be aware that many letters, form filling requests and reports are not part of NHS services. Please see the <u>'Why does my doctor charge fees?' page on the BMA website</u> for more information.

Subject access request (SAR) The Access to Health Records Act 1990 and Data Protection Act gives patients or their representatives a right of access (subject to certain exemptions) to their health records. The practice respects the rights of individuals to have copies of their information wherever possible. In accordance with legislation no fee will be charges for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive.

## We endeavour to complete your request within 12 weeks. Please note there may be delays with your request due to NHS demands.

There are occasions where we may need to see you in order to complete your request and we will therefore contact you with an appointment.

| Title:                                                                                                                                                           | Surname:        | Forename:         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--|
| D.O.B:                                                                                                                                                           | Contact number: | Contact email:    |  |
| Address                                                                                                                                                          |                 |                   |  |
| Request for:                                                                                                                                                     | Date requested: | Date required by: |  |
| Letter                                                                                                                                                           |                 |                   |  |
| Form                                                                                                                                                             |                 |                   |  |
| Report                                                                                                                                                           |                 |                   |  |
| Copy of records                                                                                                                                                  |                 |                   |  |
| Brief description or any information you think may be useful:                                                                                                    |                 |                   |  |
| Details of records to be accessed:                                                                                                                               |                 |                   |  |
| Dates of requested records / / / to / / /                                                                                                                        |                 |                   |  |
| I acknowledge that there will be a charge for this service and that documents will not be released without payment unless it is a request for access to records. |                 |                   |  |
| Signed:                                                                                                                                                          |                 |                   |  |

## Everest Health Partnership – Letter requests/form completion/reports

| Letters/Forms                              |                          |  |
|--------------------------------------------|--------------------------|--|
| Letter Request                             | £33                      |  |
| Confirmation of registration letter        | £10                      |  |
| Private Prescription                       | £16.50                   |  |
| Private Sick Note                          | £16.50                   |  |
| Copy of results, Consultations, etc. (SAR) | No fee                   |  |
| Holiday Cancellation Certificate           | £33                      |  |
| Fitness to Travel Certificate              | £33                      |  |
| Private Medical Insurance Claim Form       | £33                      |  |
| School Fees Claim Form                     | £33                      |  |
| Sickness/Accident Claim Form               | £33                      |  |
| Copy Of Patient Medical Records (SAR)      | No fee                   |  |
| Access to Records (for viewing only)       | No fee                   |  |
| Medicals                                   |                          |  |
| Pre-Employment Medical                     | £163                     |  |
| LGV/PCV/HGV Medical                        | £163                     |  |
| Elderly Drivers Fitness Certificate        | £163                     |  |
| Sports Medical with Report                 | £163                     |  |
| Seatbelt Exemption                         | £163 with full medical   |  |
|                                            | £55 without full medical |  |
| Private fostering Medical                  | £163                     |  |
| DNA Swab                                   | To be advised.           |  |

All fees are in accordance with the BMA guidelines.

Receptionist collected payment: