

## Alton Street Surgery

Alton Street Surgery, Alton Street, Ross-on-Wye, HR9 5AB

### Application for Health Records Under the Data Protection Act 2018

Please complete in **BLOCK CAPITALS** and return to the above address for the attention of the Operations Manager

Full name of patient (including  
previous surnames)

Current Address:

Former address if moved in last 5 years:

Date of birth:

NHS number:

Please choose **ONE** of the following options:

A. I am requesting medical records relating to the following injury, condition or event:

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B. I am requesting medical records dating from ----- to -----

I understand that a reasonable fee is payable for excessive requests.

\*If you have a concern or wish to make a complaint please contact The Complaints Manager at the address above or email:  
Altonstreet.Admin@nhs.net

### **Declaration**

I declare that the information given in this form is correct to the best of my knowledge and that I am the person named below. I am making this request for copy records because:

I am the patient and I am 18 years of age or over ☐

I am the patient and I am under 18 years of age – **see note 1** ☐

I am the representative of an adult patient. The patient has asked me to act on their behalf and I attach their written authorisation – **see note 2** ☐

I am applying for access to the records of a patient who is under 18 years of age – **see note 1** ☐

A court has appointed me to act on behalf of the patient and I attach a copy of the court order ☐

I understand that acceptable proof of identity will need to be provided.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To help establish your identity, your application must be accompanied by **TWO** official documents that, between them prove your identity and address:

**Acceptable proof of identity - Please supply ONE of the following:**

	Please tick ✓
Passport	
HM Forces ID Card	
Birth Certificate	
Driving Licence Photo Card	
Marriage Certificate	

**Acceptable proof of address – Please supply ONE of the following which must be no more than 3 months old:**

	Please tick ✓
Utility Bill e.g. gas, electricity, telephone	
Inland Revenue Statement	
Council Tax Bill	
Bank Statement with current address	
Local Authority Rent Card	
Paper Driving Licence (if not used above)	

**Note 1:** If a request is made for disclosure of a child's medical record, it is a requirement that it should firstly be determined by a doctor whether the child has sufficient maturity to understand the implications of allowing or withholding disclosure.

If the child is deemed to be competent, disclosure may only be granted with the child's consent unless other exceptions to the general rule apply.

If the child is not competent, the doctor is required to act in accordance with the child's best interests.

**Note 2:** If a request is made for disclosure of the medical record of a patient who is incapable of giving consent for disclosure because of illness or mental incapacity, it is a requirement that it should firstly be determined by a doctor whether the patient has sufficient understanding of the implications of allowing or withholding disclosure.

If the patient is deemed to be competent, disclosure may only be granted with the patient's consent unless other exceptions to the general rule apply.

If the patient is not competent, the doctor is required to act in accordance with the patient's best interests.

**Official use only**

Date Application Received:
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**Proof of identity provided at application stage:**

Type:	Reference:	Verified by:	Date:
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**Proof of address provided at application stage:**

Type:	Reference:	Verified by:	Date:
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**Competence assessed by :**

Name:	Signature:	Date:
Decision: <i>(delete as appropriate)</i>	Process application: Yes/No	Obtain patient's consent: Yes/No
Access to be Granted : Yes/No		
If Access denied please give reason:		Added to notes on:

**Excessive Request Fee Applicable?**

Yes/No	Amount::	Received by::	Date:
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Records ready for collection on:	Read Code Added	YES / NO
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**Proof of identity at access granting stage:**

Type:	Reference:	Verified by:	Date:
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**Proof of address at access granting stage:**

Type:	Reference:	Verified by:	Date:
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