

North Street Medical Care



ACCESS TO MEDICAL RECORDS

(ON BEHALF OF THE PATIENT)

(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. **Paper records will be DESTROYED AFTER 30 DAYS IF NOT COLLECTED** and a fee of £10.50 will be charged for repeat requests.

For office use only:

Staff initials: _____

☐

Identification provided

☐

Type of ID

APPLICATION FOR ACCESS TO MEDICAL RECORDS (ON BEHALF OF THE PATIENT)

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

- Patients (over 18 years old) with capacity and proxy nominees will be asked to provide valid proof of identity (passport, photo driving license, or national identity card).
- If a child aged 12 or over has 'sufficient understanding and intelligence to enable him/her to understand fully what is proposed' (known as Gillick Competence. More information can be found at [GP mythbuster 8: Gillick competency and Fraser guidelines - Care Quality Commission](#)), then she/he will be competent to give consent for himself/herself.

Young people aged 16 and 17 are legally competent and may therefore sign this consent for themselves but may wish a parent to countersign as well. If the child is under 18 and not able to give consent for him/herself, someone with parental/guardianship responsibility may do so on his/her behalf by signing this form.

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 _____ (**name of patient**), give permission to my GP practice (North Street Medical Care) to give the following person/people _____ (**name of**

requestor) proxy access to the medical records indicated below:

(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)

Section 2: MEDICAL RECORD REQUEST

I/We wish to have access to the health records on behalf of the above-named patient.

Reasons for access:

- ☐ I have been asked to act by the patient
- ☐ I have full parental/guardianship responsibility for the patient and the patient is under the age of 18 and:
- ☐ has consented to my making this request, or
- ☐ is incapable of understanding the request
- ☐ I have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so.
- ☐ I am the deceased person's personal representative and attach the confirmation of my appointment (Grant of Probate/Letters of Administration)
- ☐ I have written and witnessed consent from the deceased person's personal representative and attached Proof of Appointment
- ☐ I have a claim arising from the person's death (please state details below)

Please complete if requesting on BEHALF of the patient

Full Name:	
Address:	
Postcode:	
Telephone number:	
Email:	
Relationship to the patient	

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

Applicant signature:

Date:

I confirm that I give permission for the organisation to communicate with the person identified above in regard to my medical records.

Patient signature:

Date: