

APPLICATION FOR ACCESS TO MEDICAL RECORDS
Data Protection Act 1998 Subject Access Request
GDPR May 2018

Details of the Record to be Accessed: MANDATORY

Patient Surname	NHS Number
Forename(s)	Address
Date of Birth	
Patient's signature of consent for Medical Records to be accessed	

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 & GDPR 2018

Tick whichever of the following statements apply.

- I am the patient.
- 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.

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

Surname or Company	Address
Forename(s)	
Telephone Number	
Relationship to Patient	

Details of the 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 am agreeing to a third party having access and/or copies of my medical records	
I am agreeing to collect copies of my medical records for the third party requestor once they are ready for collection	

Please use the space below to inform us of which periods and parts of your health record you require, or provide more information, this may include specific dates, consultants name and location and parts of the records you require e.g. written diagnosis and reports

I would like a copy of all records	
I would like a copy of records between specific dates only (please give date range) below	
I would like copy records relating to a specific condition / specific incident only (please detail below)	

OFFICE USE ONLY:

DATE RECEIVED	BY WHOM	GP CONSENT