

The Reddish Family Practices

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APPLICATION FORM FOR ACCESS TO HEALTH RECORDS in accordance with the General Data Protection Regulation (GDPR) DATA SUBJECT ACCESS REQUEST

This form must be completed in blue or black ink and signed in order for us to process your request.

Section 1: Patient details

Title (i.e. Mr, Mrs, Ms, Dr)	Name:
Date of birth	Address:
Telephone number	
NHS number (if known)	

Section 2: Record requested

The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g. leg injury following a car accident)

Please provide me with a copy of records between the dates specified below:	
Please provide me with a copy of records relating to the incident specified below:	
Please provide me with a copy of records relating to the condition specified below:	
Please provide me with a copy of all electronic records held (please tick)	

Section 3: Details and declaration of applicant

Please enter details of applicant if different from Section 1

Surname		Title (Mr, Mrs, Ms, Dr)	
Forename(s)		Address	
Telephone number			
Capacity in which requesting (Name of Organisation)			

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 GDPR.

Please tick:

- ☐ I am the patient
- ☐ I have been asked to act by the patient and attach the patient's written authorisation
- ☐ I am the patient's parent / guardian and the patient is under the age of 16 and:
(a) has consented to my making this request, or
(b) is incapable of understanding the request (delete as appropriate)
- ☐ I have been appointed by the court to manage the patient's affairs and attach a certified copy the court order appointing me to do so

Signature of applicant:Date:

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 which could lead to prosecution.

Section 4: Proof of identity

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which identity is confirmed	Option taken	Documents attached
A	Attached copies of documents as noted in section 4A below	Yes/No	If Yes, please indicate which documents have been attached

4A – Evidence

Evidence of the patient's and/or the patient's representative identity will be required.

Please attach copies of the required documentation to this application form.

Examples of required documentation are:

	Type of applicant	Type of documentation
A	An individual applying for his/her own records	One copy of identity required, e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc.
B	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
C	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient
D	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in 'A' above)