

## APPLICATION FORM FOR ACCESS TO HEALTH RECORDS

In accordance with the General Data Protection Regulation (GDPR)

### SUBJECT ACCESS REQUEST

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

#### Section1: Patient details

Surname		Maiden name	
Forename		Title (i.e. Mr, Mrs, Ms, Miss, Dr)	
Date of birth		Address	
Telephone number		Postcode	
NHS number (if known)		Hospital 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 all records held	
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:	

### Section 3: Details and declaration of applicant

Please enter details of applicant if different from Section 1

Surname		Title (Mr, Mrs, Ms, Miss, Dr)	
Forename(s)		Address	
Telephone number		Postcode	

#### 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 have full parental responsibility for the patient and the patient is under the age of 18 and: has consented to me making this request, or 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 of the court order appointing me to do so
- ☐ I am acting in loco parentis and the patient is incapable of understanding the request
- ☐ 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 attach Proof of Appointment
- ☐ I have a claim arising from the person's death (please state details below)

Signature of applicant.....Date:.....

**Photographic ID provided** ☐

**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.**