

**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**

<b>Last Name</b>		<b>Maiden name</b>	
<b>First Name</b>		<b>Title</b> (i.e. Mr, Mrs, Ms, Dr)	
<b>Date of birth</b>		<b>Address:</b>	
<b>Telephone number</b>			
<b>NHS number</b> (if known)		<b>Postcode:</b>	

**Section 2: Record requested**

<b>Please provide me with a copy of records between the dates specified below:</b>
<b>Please provide me with a copy of records relating to the incident specified below:</b>
<b>Please provide me with a copy of records relating to the condition specified below:</b>
<b>Please provide me with a copy of records of all electronic records held:</b>

**Section 3: Sending options**

Please state whether you consent to us sending your record by email or whether you prefer to collect the copies yourself.

- I consent to Marple Cottage Surgery emailing my medical record to me at the email address specified above.

**Or**

- I wish to collect the copies of my medical record from Marple Cottage Surgery.

**Section 4: Details and declaration of applicant**

Please enter details of applicant if different from Section 1

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

**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 / consent
- I have full parental responsibility for the patient and the patient is under 11 years of age
- I have full parental responsibility for the patient and the patient is between 12 and 17 years of age but is incapable of understanding the request (to be assessed by GP)
- I am acting *in loco parentis* and the patient 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 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: .....

**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 5: Proof of identity and evidence

Evidence of the patient's 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
<b>A</b>	An individual applying for his/her own records	One copy of identity required, e.g. copy of passport or driving licence, plus one copy of a utility bill or medical card, etc.
<b>B</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)
<b>C</b>	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
<b>D</b>	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)

### Additional notes

Before returning this form, please ensure that you have:

- a) Signed and dated this form
- b) enclosed proof of your identity
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form.