

DATA PROTECTION ACT

APPLICATION FOR ACCESS TO HEALTH RECORDS

Name of Applicant: Title:

Surname:

Forename(s)

Address of Applicant:

.....

.....

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 (or for records of the deceased the Access to Health Records Act 1990).

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 age 16 and has consented to me making this request (NB you may be asked to provide documentation as proof of parental/guardianship responsibilities)

I am acting in loco parentis and the patient is incapable of understanding the request

I am the patient's/deceased patient's personal representative and attach confirmation of my appointment

I have Enduring/Lasting Power of Attorney or other form of authority (please specify)

..... to access the medical records of the patient

I have a claim arising from the patient's death on the grounds that

.....

PLEASE NOTE:

- We reserve the right to request documentation as proof of parental/guardianship responsibilities and/or copies of any documents confirming your authority to have access to the health records requested.
- We reserve the right to withhold disclosure of health records until we are satisfied with the documentation that you have provided
- Charges are explained in the "Your rights and your health record" leaflet enclosed

Signature of ApplicantDate

DATA PROTECTION ACT
SUBJECT ACCESS REQUEST

(APPLICATION FOR ACCESS TO HEALTH RECORDS)

Details of the records to be accessed:

Patient: Title:

Surname:

Forename(s)

Address:

.....

.....

Date of Birth:/...../.....

NHS Number:

Hospital Reference No. (if known)

Record in respect of treatment for: (State condition/illness)

Dates from: To

Please define the type of information you are requesting

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You are entitled to copies of the records in permanent form, we will send you photocopies unless you tell us not to. If you wish to make alternative arrangements please tell us.

I wish to a) view the records b) receive copies