**SUBJECT ACCESS REQUEST FORM FOR ACCESS TO MEDICAL RECORDS**

1. Details of the Record to be Accessed:

|  |  |
| --- | --- |
| Patient Surname |  |
| Patient Forename(s) |  |
| Date of Birth |  |
| NHS Number |  |
| Address |  |

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

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Address |  |
| Telephone Number |  |
| Relationship to Patient |  |

1. Tick whichever of the following statements apply to this request:

|  |  |
| --- | --- |
|  | Tick |
| I am the patient. |  |
| I have been asked to act by the patient and attach the patient’s written authorisation. |  |
| 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. |  |
| I have a claim arising from the patient’s death and wish to access information relevant to my claim on the grounds that (please supply your reasons below). |  |

1. **Details of request.** This section must be completed by the patient (unless deceased).

|  |  |
| --- | --- |
| I am applying for access to view my records only |  |
| I am applying for copies of my medical record |  |
| I have instructed someone else to apply on my behalf |  |

1. **Further information.** The following information will help us to identify and produce the data you are requesting. Under the General Data Protection Regulation, you do not have to give a reason for applying for access to your health records. You may be asked to provide photographic identification. Please use the table below to inform us of certain periods and parts of your health record you may require or provide more information as requested above. This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports.

|  |  |
| --- | --- |
| Request | Details |
| I would like a copy of all records |  |
| I would like a copy of records between specific dates between: |  |
| I would like a copy of records relating to a specific condition/specific incident only (please state which one(s)): |  |

1. 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 General Data Protection Regulation 2018. I understand that this request will be scanned onto my medical record.

|  |  |
| --- | --- |
| Applicant's Signature |  |
| Date |  |