

**OFFICE USE ONLY: THIS INFORMATION MUST BE CHECKED PRIOR TO INFORMATION BEING SHARED AND
UPDATED ON THE SECURE SAR DATABASE**

**APPLICATION FOR ACCESS TO MEDICAL RECORDS
General Data Protection Regulations 2016
Data Subject Access Request**

Details of the record to be accessed:

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

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

Surname	
Forename(s)	
Address	
Telephone Number	
Relationship to Patient	

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 Regulations 2016.

Tick whichever of the following statements apply.

- 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.
(*delete as appropriate).
- 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).

NAME.....SIGNATURE.....DATE.....

If you have applied to view your record previously, please give details below:

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NOTE: Under the General Data Protection Regulation 2016, a copy of your records will be processed within 28 days and processing fees may apply.
Should you require information sooner than the 28 day timeframe, please advise at time of request. We cannot guarantee any requests shorter than the 28 day timeframe can be fulfilled.

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PATIENT TO COMPLETE: Details of my Application (please tick as appropriate)

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	

Notes:

Under the General Data Protection Regulations 2016 you do not have to give a reason for applying for access to your health records; however any specific information you can provide may help us to process your request more quickly and efficiently.

Optional - Please use this space 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. Note: defining the specific records you need may result in a quicker response time.

I would like a copy of all records:	
I would like a copy of records between specific dates only (please give date range):	
I would like copy records relating to a specific condition / specific incident only (please detail below):	

To be completed on collection by individual requesting access:

I _____ confirm receipt of the following records;

E.g. All records dated between 2016-2017

I understand by taking ownership of these records, I am responsible for their safe keeping, controlled distribution and secure disposal.

SIGNATURE..... DATE.....

FOR INTERNAL USE ONLY

I _____ confirm the following form of ID has been verified and a record of collection has been maintained.

SIGNATURE..... DATE.....