

FORMBY MEDICAL GROUP

SUBJECT ACCESS REQUEST FOR MEDICAL RECORDS

For Official Use – to be completed by Surgery

Date Received	
ID Seen	
Staff Member Initials	
Patient Emis Number	
GP/ANP	
Serial Number	
Date processed	
Record Format Electronic/Paper	
Collected/Posted	
Collected by	Patient/Representative

TO BE COMPLETED ON COLLECTION

Photo ID seen/staff Initials	
Patient Signature	
Date	

Serial Number:

**FORMBY MEDICAL GROUP
APPLICATION FOR ACCESS TO HEALTH RECORDS UNDER GDPR**

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

Section 1: Patient Details

Surname		Maiden name	
Forename		Title (Mr, Mrs,Ms,Dr)	
Date of birth		Address	
Phone Number		Address	
NHS number (if known)		Post Code	

Section 2: Details of applicant

Please enter details of applicant if different from section 1.

Surname		Title (Mr, Mrs,Ms,Dr)	
Forename		Address	
Phone Number		Address	
NHS number (if known)		Post Code	

Section 3: Record Requested

Please tick the appropriate box below.

Please provide a copy of all records held :	
Please provide a copy of records between the dates specified below:	
Please provide a copy of records relating to the incident specified below:	
Please provide a copy or records relating to condition specified below:	

Declaration

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates, or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in Section 3.

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.

Please tick:

- I am the patient
- I have been asked to act by the patient
- I have full parental responsibility for the patient and the patient is under the age of **12** and:
(a) has consented to me making this request, or
(b) is incapable of understanding the request (delete as appropriate)
- I have been appointed by the court to manage the patient's affairs and attached 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 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 provide details below)

Signature of Applicant Date.....

Signature of Patient..... Date.....

PLEASE ENSURE YOU RETAIN THESE COPIES AS ANY FURTHER REQUEST FOR THE SAME NOTES WILL BE CHARGEABLE.

Section 4: Proof of Identity

Applying for yourself

If you are applying for yourself, we need to see:

- one document confirming your name, from Group A, below
- one document confirming your address, from Group B, below

Applying on behalf of someone else

If you are applying on behalf of someone else, we need to see:

- one document confirming your name, from Group A, below
- one document confirming the name of the person you are applying on behalf of, from Group A, below
- one document confirming your address, from Group B, below
- one document confirming the address of the person you are applying on behalf of from Group B, below
- all documents needed to show that you have the authority to access the records, from Group C, below.

A. Documents that confirm your name:

- Full driving licence
- Passport
- Birth certificate

B. Documents that confirm your address (**dated within the last 3 months**):

- Utility bill
- Bank statement
- Credit card statement

C. Documents that confirm you are allowed to act on behalf of the person you are making the request for:

- Health & Welfare Lasting Power of Attorney (**can only be used if the patient lacks capacity**)
- Court of Protection Order appointing you as a personal deputy for the personal welfare of the Subject
- Full birth certificate of child
- Full certificate of adoption
- Parental responsibility order