

## Application for access to medical records Data Protection Act 2018

### Details of the records to be accessed:

Patient surname: .....

Patient first name(s): .....

Patient date of birth: .....

Date range required - please tick one:

Record from ..... to .....  
or

Full record required  
*(Please note that the full record may take longer to produce than a limited date range)*

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

Surname: .....

First name(s): .....

Address: .....

.....

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 Data Protection Act 1998 and GDPR (General Data Protection Regulations).

### 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 have been granted welfare power of attorney for the patient *(we will need to see the power of attorney documentation)*
- 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.

*/continued overleaf*

I request access to the specified GP record/relevant parts of the specified GP record as detailed below. I understand that I can ask for a phone appointment with a GP to go over any part of my record if I require clarification of medical terms.

**Your signature:** ..... **Date:** .....

**Telephone:** .....

**Email:** .....

*NOTE: There is no fee for a patient accessing their own records, as long as the request is not "manifestly unfounded or excessive" or if it is repetitive.*

**Notes:**

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records. However, it can help the Practice to pinpoint the correct part of your record if you let us know why you want to access your records.

Your record will be provided electronically, in an encrypted form so that it can only be opened with a password (provided to you). If you are unable to accept your record in this way, please request a paper copy in the space below.

Please note that we can only provide records created by, or sent to, your GP practice. If you require records from a different healthcare service, for example hospital records or Family Nurse Practitioner Service records, you will need to approach them directly.

**Optional** - Please use this space to give us any further information that may be helpful, or to inform us of certain periods and parts of your health record you may require. This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports.

**Ravenswood Surgery Office Use only:**

- Check form is completed correctly
- Ask for ID if unsure
- Inform patient it will take about a month to get the info back to them, as it requires the record to be checked carefully to ensure no third party information is included
- If signed by someone else on behalf of a patient, pass to PM / IT Supervisor to check before commencing
- Record on usual spreadsheet for private work
- Pass to IT Supervisor to process via iGPR
- Provide patient with password when they telephone