

**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS
in accordance with the General Data Protection Regulation (GDPR)
SUBJECT ACCESS REQUEST**

Section 1: Patient details

| | | | |
|----------------------------------|--|---|--|
| Surname | | Maiden name | |
| Forename | | Title (i.e. Mr, Mrs, Ms, Dr) | |
| Date of birth | | Address: | |
| Telephone number | | Postcode: | |
| NHS number (if known) | | Email address: | |

Section 2: Record requested

The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g. leg injury following a car accident)

| | |
|--|--|
| Please provide me with a copy of all records held | |
| Please provide me with a copy of records between the dates specified below: | |
| Please provide me with a copy of records relating to the incident specified below: | |
| Please provide me with a copy of records relating to the condition specified below: | |

Section 3: Details and declaration of applicant

Please enter details of applicant if different from Section 1

| | | | |
|-------------------------|--|------------------------------------|--|
| Surname | | Title (Mr, Mrs, Ms, Dr) | |
| Forename(s) | | Address | |
| Telephone number | | Postcode | |

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 GDPR.

Please tick:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I have full parental responsibility for the patient and the patient is under the age of 16 and:
 - a) has consented to my making this request (we may call the young person to check this), 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 attach 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 state details below)

Signature of applicant: Date:

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.

FOR PRACTICE USE ONLY:

| | |
|-------------------------------------|-------------------|
| ID Verified by (Staff Name): | |
| Staff Signature: | Date: |
| #1 - ID Type: | ID Number: |
| #2 - ID Type: | ID Number: |