

Request for Access to Medical Records

The Access to Health Records Act 1990 and Data Protection Act give patients or their representatives a right of access, subject to certain exemptions, to their health records. Appletree Medical Practice respects the rights of individuals to have copies of their information wherever possible.

Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.



Charges Payable: In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our "reasonable administrative charges" in order to comply with your request.

PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.

1. Details of Patient records to be accessed (Please complete one form per person)

Full Name:	
Date of Birth	
Current Address:	
Telephone Number:	Mobile:
Email Address:	

2. Information required

Supplying copies of medical records can be extremely time-consuming for the practice. Please try and reduce staff time by only requesting information required; the more specific you can be, the easier it is for us to quickly provide you with the records requested.

- I would like access only to my records between the dates: _____ to _____
- I would like access only to information regarding: _____
- I would like access to my whole electronic record

Relevant information from your historic paper records will have been summarised onto the electronic record so a copy of your paper records will not be included as standard practice. However if you require your paper record as well please indicate below

- I would like access to my whole paper record

3. Details of applicant (Only complete if different to patient)

Full Name	
Relationship with individual who's records have been requested	
Address to which a reply should be sent	
Telephone Number:	Mobile:

Authorisation to release to applicant (to be completed by the patient if not making their own request)

I (**Print name**) _____ hereby authorise Appletree Medical Practice to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.

Signature of patient: _____ **Date:** _____

4. 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 record(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act.

Please select one box below:

- I am the patient (data subject).
- I have been asked to act on behalf of the patient and they have completed section 3 - authorisation.
- I am acting on behalf of the patient and have Health & Welfare Lasting Power of Attorney (LPA) (attached)
- I am the parent/guardian of the patient who is under 16 years old who has completed the authorisation section above. (Please include proof such as a birth certificate)
- I am the parent/guardian of the patient who is under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.
- I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order (attached).
- I am the deceased patient/client's personal representative and attach confirmation of my appointment.
- I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).

Please Note:

- If you are making an application on behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the Data Protection Act, subject access requests will be responded to within one calendar month.
- Under the terms of Section 7 of the Data Protection Act, information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

Print Name		Signed (Applicant)		Date	
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Before we release any medical information, patient proof of identity will be required.

Staff use only

Patient or LPA - Photo ID checked:

- Passport
- Driving License
- Other, please specify

Staff Member's Name: Date: