

APPLICATION FOR ACCESS TO MEDICAL RECORDS

 Data Protection Act 2018 Subject Access Request

General Data Protection Regulation Chapter 3, Article 15 (Recitals 63 & 64)

**Before making this request, please remember that you can apply for secure on-line access to your full electronic GP record which might easily provide you with all the information you seek, 24hrs a day, as well as the ability to make appointments and request medication.**

**Ask at Reception or visit our website at** [**www.stockbridgesurgery.co.uk**](http://www.stockbridgesurgery.co.uk)

**The Data Protection Act and General Data Protection Regulation allows you to find out what information is held about you including information held within your medical records, either in electronic or physical format. This is known as the “right of subject access”. If you would like to have access to all or part of your record, you can make a request in writing to the organisation that you believe holds your information. This can be your GP, or a provider that is or has delivered your treatment and care. You should however be aware that some details within your health record may be exempt from disclosure; however this will be in the interests of your wellbeing or to protect the identity of a third party. If you would like access to your GP record please submit this request in writing to:**

**The Practice Manager at Stockbridge Surgery, New Street, Stockbridge SO20 6HG**

**NB:**

* **You will be asked to provide photo identification but**
* **You do NOT have to give a reason for applying for access to your health record but please do tell us if the reason for your request is that you are moving abroad**

**Personal Data Rights**

* **A right of access to a copy of the data held about you by a Data Controller**
* **A right to have errors corrected**
* **A right to have data erased (only in limited circumstances)**
* **A right to restrict processing of your data**
* **A right to portability of your data**
* **A right to object to how your data is used**
* **A right not to be subject to decisions made by solely automated processing of your data**

**Details of the Record to be Accessed:**

|  |  |
| --- | --- |
| **Title** |  |
| **Surname** |  |
| **Forename(s)** |  |
| **Former Surname** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **NHS No (if known)** |  |
| **Contact No (Day)** |  |
| **Email Address** |  |
| **Home Address****Incl Post Code** |  |

**Details of the Person who wishes to access the Record, if different from the above:**

|  |  |
| --- | --- |
| **Surname** |  |
| **Forename(s)** |  |
| **Address** **incl Post Code** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Relationship to Subject** |  |

***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 2018***

**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 of thirteen, 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)**

**We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney.**

**YOUR SIGNATURE DATE:**

**Your Checklist**

**Is your contact information correct?**

**Have you enclosed acceptable photo identification?**

**Are you moving abroad to live?**

**Have you signed the form?**

**Have you completed all the relevant areas?**

**Getting as much information as possible helps us to find the information you want. If the subject has been known by a different name or has lived at a different address during the time span of your enquiry, please give as much detail as you can below:**

**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 record you require e.g. written diagnosis and reports**

**We will contact you further when the information you’ve requested is available**