

Prices Mill Surgery

Application For Access To Medical Records Data Protection Act 1998 Subject Access Request

Details of the Record to be Accessed:

Patient Surname	NHS Number
Forename(s)	Address
Date of Birth	

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

Patient Surname	NHS Number
Forename(s)	Address
Date of Birth	

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.

<ul style="list-style-type: none">● I am the patient <input type="checkbox"/>● I have been asked to act by the patient and attach the patient's written authorisation <input type="checkbox"/>● 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) <input type="checkbox"/>● I am the deceased patient's Personal Representative and attach confirmation of my appointment <input type="checkbox"/>● 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) <input type="checkbox"/> <p>.....</p> <p>.....</p>

Your signature:	Date:
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NOTE: There is a fee of £10 for access to records. An additional fee of 35p per page is charged if records are to be photocopied up to a maximum of £50. The fee must accompany this request. Cheques to be payable to Prices Mill Surgery. 21 days prior notice is usually required.

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Application Details (Patient to complete)

- I am applying for access to view my records only
- I am applying for copies of my medical record
- I have instructed someone else to apply on my behalf
- I have attached the appropriate fee

Note: Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records.

Optional Requirements

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 records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in lower fee charges and a quicker response.

- I would like a copy of all records
- I would like a copy of records between specific dates only
Please give date range below:

From: _____ To: _____
- I would like copy records relating to a specific condition / specific incident only
(please detail below)

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