

**APPLICATION FOR ACCESS TO MEDICAL RECORDS
DATA PROTECTION ACT 1998 SUBJECT ACCESS REQUEST**

Surname:	Forename(s):
Date of birth:	NHS Number:
Address:	

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

Surname:	Forename(s):
Address:	
Telephone number:	
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 as above under the terms of the Data Protection Act 1998

TICK WHICH EVER OF THE FOLLOWING STATEMENTS APPLY:

- I am the patient
- I have been asked to act by the patient and I attach the patient's written consent
- 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 the 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 attach your reasons)

YOUR SIGNATURE.....DATE.....

PLEASE NOTE: THERE IS A FEE OF £10.00 FOR PRINT OUT OF COMPUTERISED RECORDS. AN ADDITIONAL FEE OF 40p PER PAGE IS CHARGED IF RECORDS HAVE TO BE PHOTOCOPIED (UP TO A MAXIMUM OF £50.00). THE FEE MUST ACCOMPANY THIS REQUEST. PLEASE MAKE CHEQUES PAYABLE TO THE CROOKES PRACTICE.

DETAILS OF MY APPLICATION

PATIENT TO COMPLETE:

I AM APPLYING FOR ACCESS TO VIEW MY RECORDS ONLY	
I AM APPLYING FOR COPIES OF MY MEDICAL RECORDS	
I HAVE INSTRUCTED SOMEONE ELSE TO APPLY ON MY BEHALF	
I HAVE ATTACHED THE APPROPRIATE FEE	

Notes:

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

Optional – Please use this space below to inform us of certain periods and parts of your health records you may require, or provide more information as requested above. This may include specific dates, consultant name and location, and parts if the records you require e.g. written diagnosis and reports. Defining the specific records you need may result in a lower fee charged and a quicker response.

I WOULD LIKE A COPY OF ALL MY RECORDS	
I WOULD LIKE A COPY OF RECORDS BETWEEN SPECIFIC DATES ONLY (please indicate date range) From.....To.....	
I WOULD LIKE A COPY OF RECORDS RELATION TO A SPECIFIC CONDITION/SPECIFIC INCIDENT ONLY (please give details in the space below)	