Request for Access to Records

The General Data Protection Regulation 2016 (GDPR), Access to Records Act 1990 or the Mental Capacity Act 2005 gives patients/clients/staff or their representatives a right of access, subject to certain exemptions, to their health records. **The Practice of Health** 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/Clients/Staff members records to be accessed (Please complete one form per person)							
Surname				Date of Birth				
Forenam	ne(s)			Current Address				
Any form	ner names (If Applica	ble)		Full Postcode				
Telepho	ne Number			Previous Address (If Applicable)				
NHS Nu	mber (If known/relev	ant)						
				Full Postcode				
If further	details are available	please includ	e in a separat	e covering note.				
2.	Details of Book	"do to bo A	cassad					
	Details of Reco			The Physical Estate Association				
				e as much information as possible. Please list the department from (Immunisations, copy of hospital letters/test results)				
Records	s dated from	Departm	Department or services accessed					
/ /	to / /							
/ /	to / /							
/ /	to / /							
3.	3. Details of applicant (Complete if different to patients/clients/staff members details)							
Full Name								
Relationship with individual who's records have been requested								
Postal or Email Address to which a reply should be sent				Email:				

Tel:

Postcode:

4.	Authorisation to release to applicant (to be completed by the patients/clients/s their own request)	norisation to release to applicant (to be completed by the patients/clients/staff member if not making own request)					
I (Print name) hereby authorise the Practice of Health 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/client/staff member : Date: / /							
5.	Declaration						
I declare that 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 General Data Protection Regulation 2016 (GDPR).							
Please	select one box below:						
☐ Iam	the patient/staff member (data subject).						
☐ I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.							
☐ I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).							
☐ I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)							
☐ I am the parent/guardian of a data subject 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/client, who is over age 16 under a Guardianship order (attached).							
□ I am	the deceased patient/client's personal representative and attach confirmati	ion of my a	appoin	tment.			
☐ 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 the 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.							
 For requests under the General Data Protection Regulation 2016 (GDPR), requests will be responded to within 30 days after receiving all necessary information and/or fee required to process the request. 							
 Under the terms of the General Data Protection Regulation 2016 (GDPR) 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 Na	ame Signed (Applicant)	Date	/	/			
Please complete and send this document to:							
Subject Access Requests. The Practice of Health. 31 Barry Road. Barry. CF63 1BA							

Practice Use ONLY 2 forms of ID (1 Photographic/One Address)	Confirmation of Identification				
ID Source	Checked by	Date			
Informed Ready for Collection by *Delete as appropriate: SMS/Tel/Letter Date:					