

# Patient Access to Medical Records - Request Form

## Access to Health Records under the General Data Protection Regulations 2016 (Subject Access Request)

Patient's authority consent form for release of health records (Manual or Computerised Health Records)  
please print all details

To:  
Bournbrook Varsity Medical Centre  
1A Alton Road  
Selly Oak  
Birmingham  
B29 7DU

### Section 1: Identity of individual about whom information is requested

Full Name	Former name(s)
Current address	Former address (with dates of change)
Date of birth	NHS number (if known)
Contact phone number (including area code)	E-mail address: (optional)

### Preferred Method of Contact:

Phone  Post  Email  Other  .....

**Section 2: What is being applied for (tick as applicable).**

I am applying for copies of my test results from my health records	
I am applying for copies of my immunisations/vaccinations from my health records	
I am applying for copies of my health record between the dates specified below: .....	
I am applying for copies of my health record relating to the incident specified below: .....	
I am applying for copies of my Health record relating to the condition specified below: .....	
I am applying for <b>copies</b> of my full health record	
I am applying for access to <b>view</b> my health records	

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc. Please use the space below to document this information:

**Dates and types of records:**

### Section 3: Details and declaration of applicant

Please enter details of applicant if different from Section 1

<b>Surname</b>		<b>Title (Mr, Mrs, Ms, Dr)</b>	
<b>Forename(s)</b>		<b>Address</b>	
<b>Telephone number</b>		<b>Postcode</b>	
<b>Email address</b>			

#### 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 GDPR.

Please tick:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I have full parental responsibility for the patient and the patient is under the age of 18 and:
  - (a) has consented to my making this request, or
  - (b) is incapable of understanding the request (delete as appropriate)
- I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so
- I am acting *in loco parentis* and the patient is incapable of understanding the request
- I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment
- I have a claim arising from the person's death (Please state details below)

Signature of applicant: ..... Date: .....

**You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.**

## Section 4: Proof of identity

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which identity is confirmed	Option taken	Documents attached
A	Attached copies of documents as noted in section 4A below	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please indicate here which documents have been attached
B	Countersignature (section 4B). This should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please indicate reason why this section was completed

### 4A – Evidence

**Evidence of the patient's and/or the patient's representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:**

	Type of applicant	Type of documentation
<b>A</b>	An individual applying for his/her own records	One copy of identity required, e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc.
<b>B</b>	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
<b>C</b>	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient
<b>D</b>	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in 'A' above)

### 4B – Countersignature

**This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A cannot be fulfilled.**

I (insert full name).....

Certify that the applicant (insert name).....

Has been known to me personally as ..... for .....years  
(Insert in what capacity, e.g. employee, client, patient, relative etc.)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Signed .....Date .....

Name ..... Profession. ....

Address .....

.....

Daytime telephone number .....

**Additional notes**

Before returning this form, please ensure that you have:

- a) signed and dated this form
- b) enclosed proof of your identity or alternatively confirmed your identity by a countersignature
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form.

**Office use only:**

**Request:**

Date of application (must include ID evidence): .....

Received by (initials): .....

I have seen ID evidence as stated above (signed): .....

I have added info to SARs Log

**Action:**

I have prepared the information requested (initials)..... Date: .....