

# BILLINGHAY MEDICAL PRACTICE

## 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:

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 above under the terms of the Data Protection Act 1998.

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 sixteen, 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).

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

NOTE: There is a fee of £10 for access to records if a summary print out is required. 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. Payment is by cash or card, 21 days prior notice is usually required.

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Medical Records.dotx  
**Originator:** Practice Manager

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**Details of my Application****(please tick as appropriate)****Patient to complete**

<b>I am applying for access to view my records with a clinician (No cost)</b>	
<b>I am applying for copies of my medical record</b>	
<b>I have instructed someone else to apply on my behalf</b>	
<b>I have attached the appropriate fee</b>	

**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 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.

<b>I would like a copy of all records that have been entered during my care at Billingham Medical Practice (other information will have to be provided by the data owner)</b>	
<b>I would like a copy of records between specific dates only (please give date range) below</b>	
<b>I would like copy records relating to a specific condition / specific incident only (please detail below)</b>	

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