

BILLINGHAY MEDICAL PRACTICE

APPLICATION FORM FOR ACCESS TO HEALTH RECORDS

(SUBJECT ACCESS REQUEST)

As part of the General Data Protection Regulations (GDPR), patients have a right to access their health records. You can have access to your records by one of the following methods:

- **Online Access** – We advise this option as you can simply log-in online and view your up-to-date record at any time you wish and can share it with whoever you wish too. By having online access to your record, you can also take advantage of being able to request your repeat medication and booking appointments too.
- **Emailed Report** – We can email your health record to you. This enables you to view your record and is also an eco-friendly and cost-effective method.
- **Optical Media (CD/DVD)** – We can provide your health record on CD/DVD. This option however is not eco-friendly and is also costly to the practice. We therefore request that you are choose one of the other options above.
- **Printed Report** – We can print your health record for you. This option however is not eco-friendly and is also costly to the practice. We therefore request that you are choose one of the other options above.

Please now complete this application form below.

Patient Details

Name		NHS Number	
Address		Date of birth	
		Home Telephone	
		Mobile Telephone	
		Email Address	

Applicant Details (if different from above)

Name		Organisation	
Address		Telephone	
		Mobile Telephone	

Request For:

<input type="checkbox"/> Online Access (Recommended option (see above))
<input type="checkbox"/> Emailed Record (Recommended)
<input type="checkbox"/> Optical Media (CD/DVD) (Not recommended)
<input type="checkbox"/> Printed Record (Not recommended)

Record Requested

<input type="checkbox"/> My full record	
<input type="checkbox"/> My record for these specific dates:	
<input type="checkbox"/> My record for these specific conditions:	
<input type="checkbox"/> My record for these specific events:	
Further Details i.e. specific results	

Declaration

<input type="checkbox"/>	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 have full parental responsibility for the patient and the patient is under the age of 18 and: <input type="checkbox"/> has consented to my making this request, or <input type="checkbox"/> is incapable of understanding the request
<input type="checkbox"/>	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
<input type="checkbox"/>	I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
<input type="checkbox"/>	I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment
<input type="checkbox"/>	I have a claim arising from the person's death (Please state details below)

Proof of Identity Provided:

<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Driving Licence
<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	Medical Card
<input type="checkbox"/>	Other (please specify)

Signature of Applicant

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.

Signature	
Print Name	
Date	