

## The Station Practice

### APPLICATION FORM FOR ACCESS TO HEALTH RECORDS in accordance with the General Data Protection Regulation (GDPR) DATA SUBJECT ACCESS REQUEST

This form must be completed in blue or black ink and signed in order for us to process your request.

#### Section 1: Patient details

Surname		Maiden name	
Forename		Title (i.e. Mr, Mrs, Ms, Mx, Dr)	
Date of birth		Address:	
Telephone no.		Postcode:	
NHS number (if known)		Hospital number (if known)	

- If you are applying to view your own records, please go to Section 2.
- If you are applying to view another person's record, please go to Section 3.

#### Section 2: Record requested

The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g. leg injury following a car accident)

1. Please provide me with a copy of <u>all records held</u>	
2. Please provide me with a copy of records between the <u>dates specified</u>	
3. Please provide me with a copy of records relating to the <u>incident specified</u>	
4. Please provide me with a copy of records relating to the <u>condition specified</u>	

**Please indicate if you have a preference for receiving your records:**

☐ I wish to receive them electronically (via secure email) Please confirm email address:

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☐ I wish to collect them in paper format

**Section 3: Details and declaration of applicant**

**Please enter details of applicant if different from Section 1**

Surname		Title (Mr, Mrs, Ms, Dr)	
Forename(s)		Address:	
Telephone number		Postcode	

**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/circle:**

- 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:
  - has consented to my making this request, or
  - 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**

Under the Data Protection Act 2018 you do not have to give a reason for applying for access to your health records.

Patients with capacity and proxy nominees will be asked to provide a form of identification which must be photographic identification. Please speak to reception if you are unable to provide this.

#### **Section 5: Consent for children**

If a child aged 13 or over has "sufficient understanding and intelligence to enable him/her to understand fully what is proposed" (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

They may wish a parent to countersign as well.

Young people aged 16 and 17 are legally competent and may therefore sign this consent form for themselves but may wish a parent to countersign as well.

If the child is under 18 and not able to give consent for him/herself, someone with parental responsibility may do so on his/her behalf by signing this form below.

I am the patient aged 13 – 18 years	
Signature	
I am the parent/guardian/person with parental responsibility (delete as necessary)	
Signature	
Full name	

<b>Address</b>	
<b>Date</b>	

**You will be contacted when the copies are ready for collection or posting.**

**ADDITIONAL NOTES:**

Before returning this form, please ensure that you:

- Have signed and dated the form
- Are able to provide proof of your identity or alternatively confirmed your identity by a countersignature
- Enclosed documentation to support your request (if applicable)

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

