**SUBJECT ACCESS REQUEST FOR PATIENT**

You can use this form to ask to see a copy of personal data we hold for you, in line with the General Data Protection Regulations (GDPR), Chapter 3, Article 15 (Recitals 63 &64).

You can also use this form to ask to see the records on behalf of someone else, as long as you are legally allowed to act on their behalf. This includes.

* Making request for a child
* Making request for someone that you have power of attorney for

Note:-

* Processing time for all requests are **5-10 working days.**
* Medical records access is free of charge however a ‘reasonable fee’ can be charged if the request is manifestly unfounded or excessive.
* Medical report / private letter are **chargeable**. Please ask receptionist for further information.

**You should fill in all the sections of the form that apply to you.**

**Section 1: Details of the person this request is about ( the ‘Subject’)**

Please tell us the details below about you, or the person you are applying on behalf of, so that we can check for the information we may hold.

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Former Surname |  |
| Date of Birth |  |
| Gender/ AGE |  |
| NHS NUMBER |  |
| Contact number |  |
| Email address |  |
| Home Address |  |

**Section 2: Written authority to act on behalf of the person you are making the request for**

This section should only be completed if you are making the request on behalf of someone else. If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf ,so please state your relationship with them , for example, a parent, solicitor, carer or holder of power of attorney.

|  |  |
| --- | --- |
| Full Name |  |
| Relationship with the subject |  |
| Contact Number |  |
| Email Address |  |
| Address |  |

**Section 3: Please bring the original document as a proof of indentity**

**Applying for yourself**

***If you are applying of yourself, we need to see one of following documents****:*

* Passport
* Driving licence
* Birth Certificate

***If you are applying on behalf of someone then we need to see.***

One document confirming you name from the list of following documents

* Passport
* Driving licence
* Birth Certificate

Second document confirming the name of the person you are applying on behalf of.

* Passport
* Driving licence
* Birth Certificate

Third document confirming that why you are allowed to act on behalf of the person you are making the request for:

* Health and Welfare Lasting power of attorney
* Court protection order appointing you as a personal deputy for the personal welfare of the subject.
* Full birth certificate of child
* Full certificate of adoption
* Parental responsibility order
* Signed declaration from the subject ( e.g. carer form)

We may get in touch with you for further information.

Please tell us which copies of documents you are providing:

1……………………………………………………………….

2………………………………………………………………

3………………………………………………………………

Checked & approved by ………………………………………………………………………

**What Information do you require?**

Please tell us if you want information on:

Blood/ x-ray/ ultrasound results or Hospital letter

Brief summary of your medical records

Full summary of your medical records

A Specific question or a document from specific period:

Please use the space below to provide the further details that may help us to provide you the information. Please supply as much as detail possible

**Where you would like the copies of your information to be sent:**

We can provide the copies of the information we hold about you by hand or electronically.

If we send medical information by email, it will be always password protected and by secure emails only.

Please tell us where you would like your information sent:

**Declaration:**

Unless there is Health and Welfare lasting Power of Attorney or the application is being made on behalf of Child under age 13, everyone named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates, or I am acting on behalf of the Data subject and have enclosed the relevant proof of authority as detailed in section 3.

Data subject:

Signature…………………………………………………………………………….date…………………………………………

Print name:………………………………………………………………………………………………………………………

Person making a request on behalf of the data subject:

Signature…………………………………………………………………………….date…………………………………………

Print name:………………………………………………………………………………………………………………………