



The Rosegarth Practice

APPLICATION FOR ACCESS TO HEALTH RECORDS Data Protection Act 1998 Subject Access Request

Details of Record to be Accessed:

Full Name

Date of Birth

Address

Tel Numbers

Details of the Person who wishes to access the records, if different from above:

Full Name

Address

Tel Numbers

Relationship to Patient

For Surgery Use Only

ID checked:

Type..... **No**.....

Issue Date..... **Checked by Staff Member:**

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 or the patient's representative

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 for access to records. Paper copy records will be provided up to a maximum £50 charge. Digital copy of computerised records will be provided on CD-ROM up to a maximum £10 charge.

Notes:

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records.

We aim to provide copies within 21 days and by no later than 40 days after receipt of payment.

Optional – Please use the 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