**Radford Medical Practice**

**Patient Access to Medical Records – Data Request Form**

**Access to Health Records under the General Data Protection Regulations 2016 (Subject Access Request)**

Patient’s authority consent form for release of health records (Manual or Computerised Health Records)

**Please print all details below**

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| --- |
| To: Radford Medical Practice |

**1.PLEASE PROVIDE YOUR PERSONAL DETAILS CLEARLY BELOW**

|  |  |
| --- | --- |
| Full Name: | Former name(s): |
| Current address: | Former address (with dates of change): |
| Date of birth: | NHS number (if known): |
| Contact phone number (including area code): | E-mail address: |

**2.PLEASE READ AND TICK THE OPTION BELOW THAT BEST SUITS THIS REQUEST**

**Full medical records on NHS App**

|  |  |
| --- | --- |
| I am applying to view my full, detailed medical records online via the NHS App.(This is the quickest and easiest way to view your past and future medical records) |  |

**Subject Access Request**

|  |  |
| --- | --- |
| I am applying for a copy of my health record to be sent to me by secure email(Please ensure an email address is provided above) |  |
| I am applying for a physical, paper copy of my health record that I will collect from reception (You will need to bring ID upon collection) |  |

 **3.PLEASE STATE WHAT RECORDS YOU ARE REQUESTING ACCESS TO.**

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, along with details which you may feel have relevance i.e. consultant/GP name, location, diagnosis

|  |
| --- |
| E.g. Full medical records from 2015-Present etc.  |

In line with the UK GDPR, we aim to respond to standard requests within **28 days of receipt.** We may need to contact you for further details regarding your request which can delay it being actioned so please make sure you provide us with clear and up to date details.

**WE CANNOT DEAL WITH REQUESTS URGENTLY AND REQUESTS FOR ENTIRE RECORDS MAY TAKE LONGER TO COMPLETE. DUPLICATE REQUESTS FROM YOURSELF OR A THIRD PARTY**

**FOR THIS INFORMATION IN THE FUTURE MAY INCUR A FEE.**

 **4.PLEASE READ AND TICK THE RELEVANT OPTION BELOW AND PROVIDE YOUR SIGNATURE:**

|  |  |
| --- | --- |
| I am the patient, and I am applying to access my **own** health record and acknowledge that this is my first free, Subject Access Request and I may be charged for a future, duplicate request. |  |
| I am the patient, and I have instructed an authorised representative to apply **on my behalf** and acknowledge that this is my first free, request and I may be charged for a future, duplicate request (representative to fill in section below) |  |
| Signature: |  | Date: |

**ONLY CONTINUE IF YOU ARE REQUESTING RECORDS ON BEHALF OF SOMEONE ELSE**

**If you are the patient’s authorised representative, please give your details here:**

|  |
| --- |
| Name and address of representative: |
| Contact number and E-mail: |
| Signature: | Relationship to patient: | Date: |