

NANTGARW ROAD MEDICAL CENTRE

APPLICATION FOR ACCESS TO MEDICAL RECORDS

v.2.18.5 review May 2020

Details of the Record to be Accessed:

Patient Surname	Address
Forename(s)	
Date of Birth	

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

Surname	
Forename(s)	
Address	
Telephone Number	
Relationship to Patient	

Delete as appropriate;

Requests made to access the records of living persons

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 General Data Protection Regulation (GDPR , EU 2018)

Requests made to access the records of deceased persons

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 Access to Health Records Act.

Tick which ever of the following statements apply.

- I am the patient.
- 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 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).

Applicant signature.....Date.....

PLEASE NOTE: WE WILL REQUIRE YOU TO PROVIDE 1 ID FROM EACH GROUP 1 AND 2 BELOW WHEN REQUESTING INFORMATION AND ALSO BRING ID WHEN COLLECTING YOUR INFORMATION.

GROUP 1: PROOF OF PERSONAL ID (PASSPORT, BIRTH OR MARRIAGE CERT., PHOTO DRIVING LICENCE, PHOTO CARD TRAVEL PASS)

GROUP 2: PROOF OF CURRENT ADDRESS (RECENT UTILITY STATEMENT, BANK OR CREDIT CARD STATEMENT, LETTER FROM LOCAL AUTHORITY, PAPER DRIVING LICENCE, OR YOUR NHS CARD)

Details of Application Patient to complete

(please tick as appropriate)

I am applying for access to view my records only	
I am applying for copies of my medical record	
I have instructed someone else to apply on my behalf	

Notes:

Under the GDPR you do not have to give a reason for applying for access to your health records. Under the Access to Health Records Act you will/will not need to give reasons for applying for access to a deceased person’s health records.

Optional - Please use this 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. Note: If you have previously been provided this information by the practice, we may make a administration charge if the current request is deemed ‘excessive’ by the data controller.

Please tick ONE

<p>A. I would like a copy of my</p> <p>(1) Computerised records</p> <p>(2) Full medical notes including computerised and ‘paper’ records</p> <p>(in most cases computer records will contain all GP contacts since registration and significant events)</p>	
<p>B. I would like a copy of records between specific dates only (please give date range) below</p>	
<p>C. I would like copy records relating to a specific condition / certain aspects of my care (such as immunisation history)/ or specific entry only (please detail below)</p>	

THE PRACTICE MAY OFFER TO PROVIDE YOU WITH RECORDS IN ELECTRONIC FORM IF YOU HAVE THE FACILITY TO ACCEPT THIS SECURELY (PRACTICE VERIFIED EMAIL OR MY HEALTH ONLINE TEMPORARY RECORD ACCESS WHEN AVAILABLE). PLEASE SEE PRACTICE FAIR PROCESSING FOR MORE INFORMATION ON YOUR RIGHTS IN RESPECT OF RECORDS ACCESS/LIMITATIONS.

Practice use only

COMPLETION CHECK ID CHECK (1+2) PROCESSED BY

FORM

PASSED TO ADMINISTRATOR..... TO BE COMPLETED BY..... CODED.....

PATIENT CONTACTED ON COMPLETION/FOR FURTHER INFO.....