



# Wootton Medical Centre

## 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 / black ink and signed in order for us to process your request.

#### Section 1: Patient details

<b>Surname:</b>		<b>Any former names (if applicable):</b>	
<b>Forename:</b>		<b>Title (i.e. Mr, Mrs, Ms, Dr):</b>	
<b>Date of birth:</b>		<b>Address:</b>	
<b>Telephone number(s):</b>		<b>Postcode:</b>	
<b>NHS number (if known):</b>		<b>Hospital number (if known):</b>	

#### 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 1998).

<b>Please provide me with a copy of all records held:</b>	
<b>Please provide me with a copy of records between the dates specified:</b>	
<b>Please provide me with a copy of records relating to the incident specified:</b>	
<b>Please provide me with a copy of records relating to the condition specified:</b>	

### Section 3: Details & declaration of applicant

Please enter details of applicant if different from section 1.

<b>Surname:</b>		<b>Title (Mr, Mrs, Ms, Dr):</b>	
<b>Forename(s):</b>		<b>Address:</b>	
<b>Telephone number(s):</b>		<b>Postcode;</b>	

#### 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:

- I am the patient (data subject);
- 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 16 and:
  - a) has consented to my making this request, or
  - b) 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

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	<b>Method in which identity is confirmed</b>	<b>Option taken</b>	<b>Documents attached</b>
A	Attached copies of documents as noted in section 4a below	Yes/No	If Yes, please indicate here which documents have been attached
B	Countersignature (section 4b). This should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided)	Yes/No	Please indicate reason why this section was completed

### 4a: Evidence

Evidence of the patient's and / or the patient's representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:

	<b>Type of applicant</b>	<b>Type of documentation</b>
<b>A</b>	An individual applying for his / her own records	One copy of identity required, e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc.
<b>B</b>	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
<b>C</b>	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient
<b>D</b>	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in 'A' above)

## 4b: Countersignature

**This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4a cannot be fulfilled.**

I (insert full name).....

Certify that the applicant (insert name).....

Has been known to me personally as ..... for.....years  
(Insert in what capacity, e.g. employee, client, patient, relative etc.)

I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Signed .....Date .....

Name .....Profession .....

Address .....

.....

Daytime telephone number.....

### Additional notes

Before returning this form to Wootton Medical Centre, please ensure that you have:

- Signed and dated this form;
- Enclosed proof of your identity or alternatively confirmed your identity by a countersignature;
- Enclosed documentation to support your request (if applying for another person's records);
- Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form.