**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 or black ink and signed in order for us to process your request.

**Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Maiden name** |  |
| **Forename** |  | |  | | --- | | **Title** | | **(i.e. Mr, Mrs, Ms, Dr)** | |  |
| **Date of birth** |  | **Address:** |  |
| **Telephone number** |  | **Postcode:** |  |
| **NHS number (if known)** |  | **Hospital number (if known)** |  |

**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)

|  |  |
| --- | --- |
| **Please provide me with a copy of all records held** |  |
| **Please provide me with a copy of records between the dates specified below:** |  |
| **Please provide me with a copy of records relating to the incident specified below:** |  |
| **Please provide me with a copy of records relating to the condition specified below:** |  |

**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 |  |

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.**

*Office Use*

**Proof of identity / Identity Verification**

|  |  |
| --- | --- |
| Please provide photo identification and address identification | |
| Photo  (Passport/Driving Licence) | *Please insert type of ID given* |
| Address  (Utility Bill/Electoral Register) | *Please insert type of ID given* |

I can confirm that I have seen the above identification and the documents were genuine in a face to face meeting.

Signature………………………………………………………………………………………………………………………………

Date ………………………………………………………………………………………………………………………………………