

Patient Access to Medical Records - Request Form

Access to Health Records under the General Data Protection Regulations 2018(Subject Access Request)

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

Photo ID will be required when you collect the records

Full Name	
Current address	
Date of birth	NHS number (if known)
Contact phone number (including area code)	E-mail address: (optional)

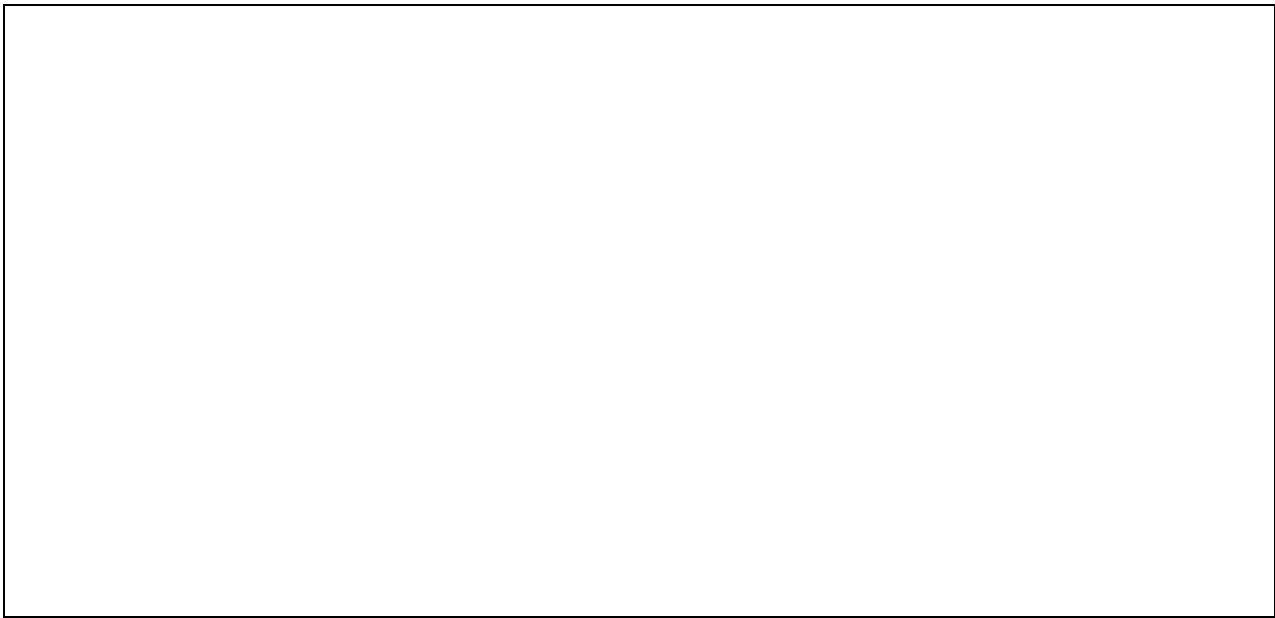
What is being applied for (tick as applicable).

I am applying for hard copies of my health record	<input type="checkbox"/>
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Please could you provide details regarding the information you require to access. This should include time periods and elements of your health records, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc. Please use the space on the following page to document this information:

Dates and types of records:

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Signature of applicant

Print name.....

Date.....

Received by..... Date.....

GP Authorised Signature: Date: