

**ACCESS TO HEALTH RECORDS  
COVERED BY THE DATA PROTECTION ACT 1998**

Sections A, C and D should be completed in all circumstances.  
Section B should be completed if a person who is not the patient requires access to medical records.

We aim to respond to your request within 21 days but are allowed up to 40 days by law. If there is a deadline for receipt of records (e.g. a pending court hearing), please let us know **at the point of making the request** and we will endeavour to meet this deadline.

**SECTION A – Patient Details**

**Surname** .....

**Forename(s)** .....

**Address** .....

.....

.....

.....

**Date of Birth** .....

**NHS No (if known)** .....

**Is the person applying for access to medical records also the patient named above?**

YES / NO (please delete as appropriate)

*If the patient is not the person who requires access to the medical records, please complete Section B.  
Otherwise, please skip to Section C.*

**SECTION B – Applicant Details**

**Surname** .....

**Forename(s)** .....

OR

**Company Name** .....

**Address** .....

.....

.....

.....

**Relationship to patient** .....

**SECTION C – Request Details**

To assist with administrative work, please state which part of the health records you require copies of and the approximate dates. If a full copy of the medical record is required please write 'Full record'.

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.....

Please write below the reasons for requesting the above information.

.....  
.....  
.....

How would you like you receive the medical records?

- Collection from the surgery       Recorded Delivery to the applicant’s address

**SECTION D – Declaration**

The patient or the patient’s parent/guardian (if the patient is under 16 years of age) should complete the section below:

I certify that I am (Name) .....

of (Address) .....

.....  
.....  
.....

and I am (circle):      The patient      The parent/guardian of the patient

**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 record referred to under the terms of the Data Protection Act 1998.**

**I hereby give my consent for the applicant to access the health records of the patient named in Section A.**

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

**Warning:      You are advised that the making of false or misleading statements in order to obtain access to information to which you are not entitled is a criminal offence.**