

SUBJECT ACCESS APPLICATION/CONSENT FORM

Consent to Release Copies of Medical Records to my Appointed Agent or Individual Under the Data Protection Act 1998/Access to Health Records Act 1990/ Access to Medical Reports Act 1988

The Access to Health Records Act 1990 and Data Protection Act 2018 give patients/clients/staff or their representatives a right of access, subject to certain exemptions, to their records. Neyland & Johnston Medical Practice respect the rights of individuals to have copies of their information wherever possible.

Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.

PLEASE COMPLETE IN BLOCK CAPITALS

1.	Details of Patient's records to be accessed (Please complete one form per person)												
Surname										Date of Birth			
Forename(S)										Current Address:			
Any former names (if applicable):													
Telephone Number:										Previous Address (if applicable)			
NHS Number (if known)													
										Full Postcode:			
If further details are available please include on a separate covering note.													

2.	Details of Records to be Accessed									
In order to locate the records you require please provide as much information as possible. Please list the department or services you have accessed that you require records from: i.e. PALs, Complaints, Continuing Healthcare or Human Resources etc. (Continue on a separate sheet if required).										
Records dated from					Details of Information Requested					
/	/	to	/	/						
/	/	to	/	/						
/	/	to	/	/						
/	/	to	/	/						

3.	Details of applicant (Complete if different to patients details)													
Full Name														
Company (if applicable)														
Relationship with the individual who's records have been requested														
Address to which a reply should be sent					Postcode:					Tel:				

4.	Authorisation to release to applicant (to be completed by the patients/clients/staff member if not making their own request)
<p>I (Print name) _____ hereby authorise Neyland & Johnston Medical Practice to release any personal data they may hold relating to me, to the above applicant and to whom I authorise to act on my behalf.</p> <p>Signature of patient: _____ Date: / /</p>	

5.	Declaration				
<p>I declare that 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(s) referred to above, under the terms of the Access to Health Records Act 1990 / Data Protection Act 2018.</p> <p>Please select one box below:</p> <p><input type="checkbox"/> I am the patient (data subject).</p> <p><input type="checkbox"/> I have been asked to act on behalf of the data subject and they have completed section 4 - authorisation above.</p> <p><input type="checkbox"/> I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).</p> <p><input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)</p> <p><input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.</p> <p><input type="checkbox"/> I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).</p> <p><input type="checkbox"/> I am the deceased patient/client's personal representative and attach confirmation of my appointment.</p> <p><input type="checkbox"/> I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).</p> <p>Please Note:</p> <p><input type="checkbox"/> If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.</p> <p><input type="checkbox"/> It may be necessary to provide evidence of identity (i.e. Driving Licence).</p> <p><input type="checkbox"/> If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.</p> <p><input type="checkbox"/> Under the terms of the Data Protection Act 2018/GDPR, requests will be responded to within 1 month after receiving all necessary information and/or fee required to process the request.</p> <p><input type="checkbox"/> For requests under the Access to Health Records Act 1990, requests will be responded to within 1 month after receiving all necessary information and/or fee required to process the request.</p> <p><input type="checkbox"/> Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.</p>					
Print Name		Signed (Applicant)		Date	

Please complete and send this document together with the appropriate documents to the address at the top of page 1.

Admin use only: Please code as Subject Access Request Completed on Patient's Record