



**ACCESS TO MEDICAL RECORDS APPLICATION FORM**  
**(under the Data Protection Act 1998 Subject Access Request)**

**Details of the Record to be Accessed**

<b>Patient Surname:</b>	<b>Address:</b>
<b>Forename(s):</b>	
<b>Telephone Number:</b>	
<b>Date of Birth:</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 Data Protection Act 1998.**

Tick whichever of the following statements apply:

- I am the patient aged over 16 years of age.
- I have been asked to act by the patient, who is aged over 16, and attach the patient's written authorisation/or I am acting as the patient's Power of Attorney/Welfare Guardian.
- I am acting as a parent, and the patient aged between 14 and 16 years of age, and understands this request, and has consented for me to make this request.

<b>Patient Name</b>	<b>Date of Birth</b>	<b>Address</b>	<b>Relation to Patient</b>

If the consented patient is aged between 14 and 16 years of age they must sign this form below.

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- I am the parent/guardian of a patient who is under 14 years of age and who is unable to understand the request.

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Details of my Application**

(please tick as appropriate)

**Patient to Complete:**

<b>I am requesting a single test result. Fee is £5.00.</b> <b>Date of Test Result:</b> _____	<input type="checkbox"/>
<b>I am requesting a single hospital letter. Fee if £5.00.</b> <b>Date:</b> _____ <b>Name of Consultant:</b> _____ <b>Clinic:</b> _____	<input type="checkbox"/>
<b>I am applying for copies of all my medical records:</b> <b>Fee is £10.00 for computerised records.</b> <b>Fee if £50.00 is a mixture of computer/paper records.</b>	<input type="checkbox"/>
<b>I would like a copy of records between specific dates only (please give date range below):</b> <b>Fee is £10.00 for computerised records.</b> <b>Fee if £50.00 is a mixture of computer/paper records.</b>	<input type="checkbox"/>
<b>I would like copy records relating to a specific condition/specific incident only (please detail below):</b> <b>Fee is £10.00 for computerised records.</b> <b>Fee if £50.00 is a mixture of computer/paper records.</b>	<input type="checkbox"/>
<b>I have instructed someone else to apply on my behalf:</b>	<input type="checkbox"/>
<b>I have attached the appropriate fee as detailed above:</b>	<input type="checkbox"/>
<b>I am applying for access to view my records only.</b> <b>Fee of £10.00 applies.</b> <b>The Practice Manager will contact you with an appointment.</b> <b>Please provide a contact Telephone No:</b> _____	<input type="checkbox"/>

The information that you have requested will be given to you after the fee is paid. You will receive the information within 40 days.

**Cheques to be payable to: *Inverbervie Medical Practice***

Implemented from 2<sup>nd</sup> April 2012

Updated September 2015

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