**Request for Access to Health Record**

**IDENTITY OF PERSON ABOUT WHOM INFORMATION IS REQUESTED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **(Formerly)** |  |
| **Forenames** |  | **Date of birth** |  |
| **Address** |  | **Previous address** |  |

**DETAILS OF RECORDS TO BE ACCESSED**

Reason for requesting Medical record \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please tick* ⬜ Notes required from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

⬜ Entire notes i.e dated as far back as birth/records began

⬜ Summary Medical History

PIPS appeal (standard 4 yrs medical history)

Other reason, please specify below

………………………………………………………………………………………………

**Are you requesting access to medical record on behalf of a child? Yes / No**

**Do you have parental responsibility?** *You may be asked to provide evidence* **Yes / No**

1. **Are you requesting access to the medical record of a deceased person? Yes / No**
   1. **Please choose option below** *You may be asked to provide evidence*
2. Are you: ⬜ the patient’s personal representative **or** have consent form their personal representative
   1. ⬜ an executor
      1. ⬜ or someone who has a claim resulting from the death

**Please find enclosed evidence of my identity**

**DECLARATION**

I declare that the information given in this form is correct to the best of my knowledge.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form to:**

**Dunville Surgery, 309 Grosvenor Road, Belfast, BT12 4LP or**

**Shore Surgery, 600 Shore Road, Belfast, BT15 4HG**

Dear

SUBJECT ACCESS REQUEST – General Data Protection Act (2018)

You recently requested access to your personal information held by Dunville/Shore Surgery. I would be grateful if you would complete the enclosed form and return it along with proof of identity.

Your request will be dealt with as soon as possible and within the mandated 30 calendar days. This time period starts when we have received your request, and have confirmed your identity

Your records will be ready for collection thirty days following receipt of form. Please bring proof of identity for collection.

Please be aware that it is only the first request for access to notes that is free of charge, any subsequent requests may be subject to an administration fee of £50.

Yours faithfully

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lesley Rice

Office Manager

**Once you have received the notes they are your personal responsibility and the surgery cannot accept responsibility for them once they leave the practice.**

**Please sign below to confirm you have read and understood all the above information**

**----------------------------------------------------------------------**