

DATA SUBJECT ACCESS REQUEST APPLICATION FORM FOR ACCESS TO GP HEALTH RECORDS
in accordance with the General Data Protection Regulation (GDPR)

Please select below the method of which you wish to receive your record:

- The surgery to email your record to you and any onward transfer to third parties will be your responsibility. You understand that information sent via the internet can be intercepted and is not 100% secure. It is your responsibility to keep information safe. Further copy of the same information will incur a charge.
- The surgery to email your record direct to the requested third party. You understand that information sent via the internet can be intercepted and is not 100% secure. Further copy of the same information will incur a charge.
- To bring in an encrypted USB media in order that your records can be transferred to this. This will enable you to make copies and / or decide how much information you want to forward onto the relevant parties yourself.

Please inform us if you require the information in paper format and you are aware that it will be your responsibility to keep the information safe and any onward transfer to third parties will be your responsibility. Further copy of the same information will incur a charge.

Please complete and sign form in black ink for us to process your request within 30 days of receiving the request. Completed form should be returned to the practice in person with proof of identity as noted in in section 5A on page 3

Section 1: Details of the person (Data Subject) this request is about

Title (Mr, Mrs, Ms, Dr)		Surname	
First Name(s)		Former Surname	
Date of birth		Address:	
Contact Number (day)		Postcode:	
NHS number (if known)		Hospital number	

Section 2: Written authority to act on behalf of the person you are making the request for

This section should only be completed if you are making the request on behalf of someone else. If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney.

Full Name		Relationship with the Subject	
Contact Number (day)		Contact Number (evening)	
Address:			

Section 3: Record requested : What information do you require?

The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g. leg injury following a car accident).

(please tick relevant box)

Please only provide me with a copy of my _____ <small>(document type e.g x-ray / blood test results / hospital letter etc. and date required)</small>	
Please provide me with a copy of medical records between the dates specified below:	
Please provide me a copy of my full GP medical records	

Section 4: Declaration of Data Subject or Authorised Applicant

Declaration

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 13, everyone named on this form should sign below.

I declare that the information given by me in this application is correct and that I am entitled to apply for access to the health records referred to above under the terms of the GDPR.

I also confirm that I am the person to whom it relates, or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in Section 6.

Please tick the relevant:

- I am the patient (Data Subject)
- I have been asked to act by the patient (Data Subject) and attach the patient’s written authorisation
- I have full parental responsibility for the patient and the patient is under the age of 18 and:
 - (a) has consented to my making this request, or
 - (b) is incapable of understanding the request (delete as appropriate)
- I have been appointed by the court to manage the patient’s affairs and attach a certified copy of the court order appointing me to do so
- I am acting “*in loco parentis*”(in the place of a parent) and the patient is incapable of understanding the request.

Patient (Data Subject)

Signature: Print Name: Date:

Person making a request on behalf of the data subject:

Signature: Print Name: Date:

Signature: Print Name: Date:

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Request completed by staff : Name: _____ Date: _____

Section 5: Subject Access Record Collection Log

I, (Print name)

1. Confirm that I have taken ownership of the copy records provided to me by Scott Park Surgery and it is my responsibility to keep information safe. I confirm that any onward transfer to 3rd parties is my **responsibility** and that Scott Park Surgery has no liability for the onward transfer of the requested records as provided to me.
2. I confirm that I am now in control of the data provided; allowing me to determine what is shared with the 3rd party and that Scott Park Surgery is not liable should I not provide the full copy of my records to the 3rd party and is also not liable for any decision making should I choose to redact my records before they get to the 3rd party.
3. Confirm that I understand any information sent via the internet can be intercepted and is not 100% secure but I am still happy and request that the surgery to email my medical records to the third party as indicated on my behalf.

Further copy of the same information will incur a charge.

Signature..... Date of collection.....

For Staff use: Two forms of ID verified : Y/ N Staff Name..... Date

Section 6: Proof of identity

Please indicate how proof of ID has been confirmed.

	Method in which identity is confirmed	Option taken	State which documents have been attached <i>please do not send original documents</i>
A	Attached copies of documents as noted in section 5A below	Yes/No	

5A – Evidence

Evidence of the patient's and/or the patient's representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:

	Type of applicant	Type of documentation
A	An individual applying for his/her own records	One copy of identity required: e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill, bank statement, benefit / pension book or medical card etc.
B	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
C	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child / adoption / parental responsibility order & copy of correspondence addressed to person with parental responsibility relating to the patient
D	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in 'A' above)

Additional notes

Before returning this form, please ensure that you have:

- a) completed all the relevant sections
- b) signed and dated this form
- c) enclosed acceptable identification
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form.