

Tweeddale Medical Practice

APPLICATION FOR ACCESS TO MEDICAL RECORDS Data Protection Act 2018 Subject Access Request

Tweeddale Medical Practice respects 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.	
Charges Payable: In accordance with legislation no fee will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our "reasonable administrative charges" in order to comply with your request.	

Details of the Record to be Accessed:

Patient Surname	NHS Number
Forename(s)	Address
Date of Birth	
Telephone	

Details of the Person who wishes to access the records, if different to above:

Surname	Forename(s)
Address	
Telephone Number	Relationship to Patient

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 2018 and EU General Data Protection Regulations (GDPR).

Tick which ever of the following statements apply.

- I am the patient (data subject).
- I am acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request (*delete as appropriate).
- I am the deceased patient's Personal Representative and attach confirmation of my appointment.
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that....(please supply your reasons below).

Details of my Application (please tick as appropriate)

I am applying for access to view my records only	
I am applying for copies of my medical record	
I have instructed someone else to apply on my behalf	

Notes:

Under the Data Protection Act 2018 and EU General Data Protection Regulations (GDPR) you do not have to give a reason for applying for access to your health records.

Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above. This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports.

I would like a copy of all records
I would like a copy of records between specific dates only (please give date range) below
I would like copy records relating to a specific condition / specific incident only (please detail below)

YOUR SIGNATURE.....DATE.....

Thank you for your application. What happens next...

- We will acknowledge your application in writing.
- If the Applicant and the Data Subject are not the same, we may require further information to support the application – we will contact you if this is the case.
- Your application will be processed in line with the General Data Protection Regulations 2018. *Please note this may take up to one month.*
- We will contact you to let you know when access/copies have been arranged.
- Where copies have been requested, photographic ID will be required upon collection so please ensure you bring this with you.
- Please contact the practice if you have any queries.

Where copies are requested, once provided, these will become the personal property of the Data Subject to share with whom they choose.

We would recommend Data Subjects retain a personal copy for future reference. We may not be able to provide this information more than once without a subsequent cost attached.

Once in your personal possession, the practice cannot take any responsibility or liability for the security of this information. Please ensure any relevant actions are taken to ensure the security and confidentiality of your personal information.

For office use only:

Date received..... Acknowledged (date & initial).....

Appointment required? YES/NO Date actioned:..... Date of appt.....

Records to be copied? YES/NO Date actioned:.....

Passed to Usual GP (GP initials & date).....Date records returned by GP:.....

Patient contacted to inform outcome of application (date & initial).....

Identification of applicant verified/authenticated.....(date & initial)

File to DocMan