

Heathgate Medical Practice - Application form - Subject Access Request

The Data Protection Act gives patients or their representatives a right of access, subject to certain exemptions, to their medical record. Heathgate Medical Practice respects the rights of individuals to have copies of their information wherever possible.



Please complete this form, from which personal information will only be used in connection with the processing of this subject access request.

Name of patients records to be accessed	
Date of birth	
Current address and postcode	
Contact telephone number	
NHS number (if known)	

Please confirm the period of records to be accessed. Please tick one option and provide the specific dates if option one is chosen.

Tick one option	
<input type="checkbox"/>	Please provide access to my medical record between the following periods. (State below the period concerned. i.e. 1 st May 2015 to 30 th January 2017).
<input type="checkbox"/>	Please provide access to my lifelong medical record.

If this application is being made by a **third party (excluding a parent or guardian)**, please complete this section with details of whom the records should be released to.

Full name of applicant	
Address of applicant	
Relationship with individual whose records are being accessed	
Authority to release to applicant	I _____ (Patient name) hereby authorise Heathgate Medical Practice to release my personal data to the named party above, who I authorise to act on my behalf. Signed _____ Date _____

In accordance with legislation, **no fee** will be charged for the provision of information unless the request is manifestly unfounded or excessive, particularly if the request is repetitive. If this is the case, then we will contact you to discuss the fee payable.

Your access request will be completed within **one month** of receipt of your request.

We will routinely provide the data requested in paper form. In some cases, we will request that copies of the records are collected from the Practice premises.

<p>Declaration by patient</p> <p>Please provide me with copies of my medical record under The Data Protection Act. For subjects under the age of 16, a parent/guardian should make this declaration.</p> <p>I understand that under the Data Protection Act, information disclosed under a Subject Access Request may have certain information removed. This is to ensure that confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.</p> <p>I recognise that it may be necessary to provide evidence of identity if copies of records are collected from the surgery.</p>	<p>Signature</p> <hr/> <p>Print name if acting for a child under the age of 16</p> <hr/>
	<p>Date</p>