## Application form for access to health records

**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS**

**in accordance with the General Data Protection Regulation (GDPR)**

**DATA SUBJECT ACCESS REQUEST (DSAR)**

This form must be completed in blue or black ink and signed in order for us to process your

request. You will be requested to provide 2 Proof of Identity,

**Section 1: Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Maiden name** |  |
| **Forename** |  |

|  |
| --- |
| **Title**  |
| **(i.e. Mr, Mrs, Ms, Dr)**  |

 |  |
| **Date of birth** |  | **Address:** |  |
| **Telephone number** |  | **Postcode:** |  |
| **NHS number (if known)** |  | **Hospital number (if known)** |  |

**Section 2: Record requested**

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 provide me with a copy of all records held** |  |
| **Please provide me with a copy of records between the dates specified below:** |  |
| **Please provide me with a copy of records relating to the incident specified below:** |  |
| **Please provide me with a copy of records relating to the condition specified below:** |  |

**Section 3: Details and declaration of applicant**

Please enter details of applicant if different from Section 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Title** **(Mr, Mrs, Ms, Dr)** |  |
| **Forename(s)** |  | **Address** |  |
| **Telephone number** |  | **Postcode** |  |

**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

GDPR.

Please tick:

 I am the patient

 I have been asked to act by the patient 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:

1. has consented to my making this request, or
2. 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* and the patient is incapable of understanding the request

 I am the deceased person’s Personal Representative and attach confirmation of my

 appointment (Grant of Probate/Letters of Administration)

 I have written, and witnessed, consent from the deceased person’s Personal

 Representative and attach Proof of Appointment

 I have a claim arising from the person’s death (Please state details below)

Signature of applicant: ...................................................... 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.**