Patient Access to Medical Records - Request Form

Access to Health Records under the General Data Protection Regulations 2016 (Subject Access Request)

Patient's authority consent form for release of health records (Manual or Computerised Health Records)

please print all details

To: The Practice Manager Oakenhall Medical Practice Bolsover Street Hucknall Nottingham NG15 7UA

Identity of individual about whom information is requested

Full Name	Former name(s)
Current address	Former address (with dates of change)
Date of birth	NHS number (if known)
Contact phone number (including area code)	E-mail address: (optional)

What is being applied for (tick as applicable).

I am applying for access to view my health records	

I am applying for copies of my health record	

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc. Please use the space on the following page to document this information:

Dates and types of records:

Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access.

I am applying to access my health records	
I have instructed my authorised representative to apply on my behalf	

If you are the patient's representative please give details here:

Name and address of representative
Contact number and E-mail
Signature

Signature of applicant ……

Print name……

Date……..

(Office use only) Date of application received …….

Received by ……

Signed: ……. Date: ……