**Dr Malik Practice, Kent Elms Health Centre, 1 Rayleigh Road,leigh On sea Essex SS9 5UU**

**Application Form for access to Health Records**

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

**Data Subject Access Request (DSAR)**

Best practice recommendation in the GDPR is that, where possible, organisations should be able to provide remote access to a secure self-service system which would provide the individual with direct access to his or her information.

* If you wish to have electronic data subject access and is already registered for online services, please complete this form and bring in your proofs of identity to the surgery.
* If you wish to have electronic data subject access but have not registered for online services, you’d need to complete this DSAR form and the online services access form, bring along the necessary proofs of identity to the surgery.
* If you don’t have access to online services, we will provide the information in another media.

**This form must be completed in blue or black ink and signed in order for us to process your request. Completed form should be returned to the practice in person with proof of identity as noted in in section 4A below**

**Section 1: Patient details**

**Details of the person (Data Subject) this request is about**

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

**Section 3 Declaration of Data subject or Authorised Applicant**

Please enter details of applicant if different from Section 1

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

**Section 4: Proof of identity**

**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, UK passport, UK driving licence, **plus** one copy of a utility bill . |
| **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 & 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) |

**Declaration**

I declare that the information given by me is correct to the best of my knowledge and that Iam entitled to apply for access to the health records referred to above under the terms of the GDPR. Or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in section 4

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 and have attached details and evidence of this claim

**Patient (Data Subject)**

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**

|  |
| --- |
| **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 as per section 4  d) 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** |