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**REQUEST FOR ACCESS TO MEDICAL RECORDS**

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| **Full name of patient:** |
| **Current Address:****Postcode** | **Date of Birth:** |
| **NHS Number:** |
| **Contact Telephone Number:** |
| **Email Address:** |

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| **Details of Records to be Accessed** |
| 🞎 Copies of Medical Records dated from/to: | 🞎 Copies of Medical Records relating to the following condition: |
| 🞎 Copies of all information contained in my Medical Records from birth. | 🞎 Read only: To view copies of all my Medical Records |

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| **All Medical Records** |
| 🞎 Manual 🞎 Computerised  | 🞎 Both |
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| **Declaration**🞎 I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred to above. 🞎 I accept that I must collect the copies of my records in person from the Surgery and that the Practice will ask me to confirm my identity when I collect them. My records cannot be collected on my behalf.🞎 I am the patient.🞎 I have been asked to act by the patient and attach the patient’s written authorisation.🞎 I have parental responsibility/legal guardianship for the patient who is under age 16 and  (is incapable of understanding the request) (has consented to me making the request) (delete as appropriate)🞎 I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order.🞎 I am the deceased patient’s personal representative and attach confirmation of my appointment. **Signed:** ………………………………………………………………………………….. **Date:** ………………………………… |
| 🞎 I understand that my first request to access my medical records is **free of charge**, however should I at a later date require additional copies of records that have already been provided to me then the Practice will levy a charge for any duplicated records. {Minimum charge £10. Maximum charge is £50}. The cost will depend on the volume of records to be copied or read and is at the discretion of the surgery.  |
| **Please note:*** **It will be necessary to provide identification (i.e. driving licence, passport etc)**
* **If there is any doubt about the applicant’s identity or entitlement, information may not be released.**
* **You will be informed if this is the case.**
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