**Application for Access to General Practice Medical Records**

**(Living Patients)**

**1.0**

**Individual’s Details**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Previous/Other Names /Surnames*(if applicable, otherwise enter N/A)* |  |
| Date of Birth |  |
| NHS Number (if known) |  |
| Address, including postcode |  |
| Telephone number |  |
| Contact Email |  |

**Applicant Details\* (if different from above)**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Address, including postcode |  |
| Telephone number |  |
| Contact Email |  |
| Relationship to the Individual |  |

**1.1**

**REQUEST INFORMATION**

Please tell us the dates of the records you require.

|  |
| --- |
|  |

**2.0**

**DECLARATION BY APPLICANT**

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 record referred to under the terms of the Data Protection Act 2018.

Please tick one of the following:

[ ] I am the patient.

[ ] I have been asked to act by the patient and attach the patient’s written authorisation.(The patient has signed the patient authorisation section below and has provided a copy of photographic ID and proof of address as proof)

[ ] I have been appointed by the court to manage the affairs of the patient and attach confirmation of my appointment.(i.e. Lasting Power of Attorney)

[ ] I have parental responsibility for the individual and attach a copy of the child’s full birth certificate.

|  |  |
| --- | --- |
| **Print Your Name**: |  |
| **Your Signature**:(We are unable to accept typed names as signatures, please sign by hand or e-signature) |  |
| **Date**: |  |

Any information you have supplied in making this request will be treated in confidence. It will only be used for the purpose of carrying out your request in accordance with the Data Protection Act 2018 or Access to Health Records Act 1990. After your request is completed your information will be retained for a statutory time period (currently 6 years), after which date it will be securely destroyed.