**DR BAKEWELL & PARTNERS**

**APPLICATION FOR ACCESS TO MEDICAL RECORDS**

**Data Protection Act 1998 Subject Access Request**

**Details of the Record to be accessed:**

|  |  |
| --- | --- |
| Patient Surname | NHS Number |
| Forename(s) | Address |
| Date of Birth |

**Details of the Person who wishes to access the records, if different to above:**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Address |  |
| Telephone Number |  |
| Relationship to Patient |  |

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 Data Protection Act 1998.

Tick which ever of the following statements apply.

* I am the patient.
* I have been asked to act by the patient and attach the patient’s written authorisation.
* I am acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request.

(\*delete as appropriate).

* I am the deceased patient’s Personal Representative and attach confirmation of my appointment.
* I have a claim arising from the patient’s death and wish to access information relevant to my claim on the grounds that (please supply your reasons below).

**Applicant signature..................……………………..........Date………………………..**

**Details of Application** (please tick as appropriate)

**Patient to complete**

|  |  |
| --- | --- |
| I am applying for access to view my records only |  |
| I am applying for copies of my medical record |  |
| I have instructed someone else to apply on my behalf |  |

|  |  |
| --- | --- |
| I will collect the records in person |  |
| I have instructed someone else to collect my records on my behalf |  |
| I have attached the appropriate fee |  |

**Notes:**

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records.

You may be asked to provide photographic identification.

|  |  |
| --- | --- |
| I would like a copy of all records |  |
| I would like a copy of records between specific dates only (please give date range) below |  |
| I would like copy records relating to a specific condition / specific incident only (please detail below) |  |

NOTE: There is a fee of £10 for a copy of electronic records and a fee of £50 is charged if records are to be photocopied. The fee must accompany this request. Cheques to be payable to Dr Bakewell & Partners, 21 days prior notice is usually required.