Access to Health Records under the Data Protection

Act 1998 (Subject Access Request)

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

(please print all details and use dark ink)

To: (Please provide GP name and address or consultant name and hospital Department here)

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). In doing so you understand you may have to pay a fee for access or copies of your records.

I am applying for access to view my health records	
I am applying for copies of my health records	

You do not have to give a reason for applying for access to your health records. However, to help the NHS save time and resources, it would be helpful if you could provide details below, informing us of periods and parts 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 below to document and continue on another page if necessary:

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 patients' 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 ……