



Dr Mallard-Smith
Dr Roberts
Dr Payne

John Hampden Surgery
97 High Street
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johnhampdensurgery@nhs.net

Application for access to Medical Records under the UK General Data Protection Regulation (GDPR) & the UK Data Protection Act 2018 (DPA18)

Subject Access Requests are completed in accordance with Article 15 of the General Data Protection Regulations (GDPR) and should be completed within 1 month.
Requests for information relating to deceased patients are completed in accordance with the Access to Health Records Act 1990 and should be completed within 40 days. The requests are normally free of charge. (Please see information sheet).

The John Hampden Surgery respects the rights of individuals to have copies of their information wherever possible.



Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this request.

Please complete this form in CAPITAL LETTERS and in black ink, and return to the address overleaf.

The PATIENT'S details:

Surname: Forenames:

Address:

.....

..... Post Code:

Date of Birth:

Hospital Number (if known): NHS Number (if known)

Tel (home/evenings): Tel (work/day):

Email address

If the patient's name and/or address was different from that given above during the period(s) to which the application relates, please give details here:

.....

.....



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I require (please tick as appropriate)

- Electronic copies
- Paper copies
- Radiology Images
- Other (outline below)

Please specify type of information required. Please add any further information which may help locate the data eg Clinician, relevant dates of attendances (if known):

.....

.....

.....

.....

Clinician :.....

.....

Date of Admission/Treatment (if known)



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Declaration and Authorisation:

I declare that the information I have completed on this form is correct to the best of my knowledge and that (please tick below as appropriate):-

- I am the patient named overleaf
- I am the agent for the person named overleaf
- I am the parent or guardian for the person overleaf and the subject access request is being made in the child's interest
- I am the deceased patient's personal representative
- I have a claim against the deceased patient's estate

Section 1 - To be completed by the person named overleaf

NB: Please provide proof of identity, see Section 4a.

I (insert full name in CAPITAL LETTERS)

certify that I am the person named overleaf.

Signed: Date:

Section 2 - Complete if you are acting on behalf of the person named overleaf

NB Section 1 also requires completing by the person named overleaf).

Please provide proof of identity, see Section 4b.

I (insert full name in CAPITAL LETTERS).....

certify that I am acting for the person named overleaf.

Signed: Date:

Section 3 - Complete if you are applying for information relating to a deceased patient

NB Please provide proof of identity, see Section 4c.

Mandatory – does your request relate to a claim / complaint YES NO

Reason for application

.....
..... (continue on separate page if needed)

I (insert full name in CAPITAL LETTERS)

Signed: Date:



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Section 4: Proof of Identity

Please do not send any original documents. You can send printed copies or electronic copies. (The following list is not exhaustive).

- A. **Applying for yourself** - If you are applying for yourself, we need to see:
- one document confirming your name, from Group A, below
 - one document confirming your address, from Group B, below
- B. **Applying on behalf of someone else** - If you are applying on behalf of someone else, we need to see:
- one document confirming your name, from Group A, below
 - one document confirming the name of the person you are applying on behalf of, from Group A, below
 - one document confirming your address, from Group B, below
 - one document needed to show that you have the authority to access the records, from Group C, below.
- C. **If you are applying for information relating to a deceased patient**
- A copy of death certificate
 - one document confirming your name, from Group A, below
 - one document confirming your address, from Group B, below
 - one document confirming you are the personal representative of the estate of the deceased (a person holding the Grant of Probate or Executor of Estate (Will)) or you are someone who has a claim arising from the death of the deceased (proof needs to be provided)
 - any other request will be processed on a case by case basis.

Acceptable Proof of Identity

GROUP A Documents that confirm your name	GROUP B Documents that confirm your address (dated within the last 3 months):	GROUP C Documents that confirm you are allowed to act on behalf of the person you are making the request for:
<ul style="list-style-type: none"> • Valid full driving licence • Valid Passport • Full Birth Certificate and any photo ID or ID with your signature 	<ul style="list-style-type: none"> • Utility bill • Bank statement • Credit card statement • Benefit book • Pension book 	<ul style="list-style-type: none"> • Health and Welfare Lasting Power of Attorney • Court of Protection Order appointing you as a personal deputy for the personal welfare of the Subject • Full birth certificate of child • Full certificate of adoption • Parental responsibility order • Signed declaration from the subject



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Please return completed form with the required identification to:
johnhampdensurgery@nhs.net or:

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