

## Desborough and Hazlemere Surgery

**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS  
in accordance with the General Data Protection Regulation (GDPR)  
DATA SUBJECT ACCESS REQUEST**

This form must be completed in blue or black ink and signed in order for us to process your request.

### Section 1: Patient details

|                              |  |  |  |
|------------------------------|--|--|--|
| <b>Surname</b>               |  | <b>Maiden name</b>                     |  |
| <b>Forename</b>              |  | <b>Title</b><br>(i.e. Mr, Mrs, Ms, Dr) |  |
| <b>Date of birth</b>         |  | <b>Address:</b>                        |  |
| <b>Telephone number</b>      |  | <b>Postcode:</b>                       |  |
| <b>NHS number (if known)</b> |  | <b>Hospital number (if known)</b>      |  |

### Section 2: Record requested

The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g. leg injury following a car accident)

|  |  |
|--|--|
| <b>Please provide me with a copy of records between the dates specified:</b>         | <b>Date from:</b><br><br><b>Date to:</b> |
| <b>Please provide me with a copy of records relating to the incident specified:</b>  | <b>Details:</b>                          |
| <b>Please provide me with a copy of records relating to the condition specified:</b> | <b>Condition:</b>                        |
| <b>Please provide me with a copy of ALL records held by the surgery.</b>             |  |

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### Section 3: Details and declaration of applicant

Please enter details of applicant if different from Section 1

|                  |  |                               |  |
|------------------|--|-------------------------------|--|
| Surname          |  | Title<br>(Mr, Mrs,<br>Ms, Dr) |  |
| Forename(s)      |  | Address                       |  |
| Telephone number |  | Postcode                      |  |

#### 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 GDPR.

Please tick:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I have full parental responsibility for the patient and the patient is under the age of 18 and:
  - (a) has consented to my making this request, or
  - (b) is incapable of understanding the request (delete as appropriate)
- I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so
- I am acting *in loco parentis* and the patient is incapable of understanding the request
- I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment
- I have a claim arising from the person's death (Please state details below)

Signature of applicant: ..... Date: .....

**You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.**

#### 4 – Evidence

**Evidence of the patient’s and/or the patient’s representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:**

|          | <b>Type of applicant</b>  | <b>Type of documentation</b>  |
|----------|---|---|
| <b>A</b> | An individual applying for his/her own records                    | One copy of identity required, e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc. |
| <b>B</b> | Someone applying on behalf of an individual (Representative)      | One item showing proof of the patient’s identity and one item showing proof of the representative’s identity (see examples in ‘A’ above)        |
| <b>C</b> | Person with parental responsibility applying on behalf of a child | Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient            |
| <b>D</b> | Power of Attorney/Agent applying on behalf of an individual       | Copy of a court order authorising Power of Attorney/Agent plus proof of the patient’s identity (see examples in ‘A’ above)                      |

#### **Additional notes**

**Before returning this form, please ensure that you have:**

- a) signed and dated this form**
- b) enclosed documentation to support your request (if applying for another person’s records)**

**Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form.**

Form to be brought to Reception with identity documents or can be emailed, with scanned copies of ID to [-hazlemere.surgery@nhs.net](mailto:-hazlemere.surgery@nhs.net)

**PLEASE NOTE THAT THE SURGERY WILL CHARGE FOR ADMINISTRATIVE COSTS IF THERE IS EXCESSIVE WORK INVOLVED IN THIS REQUEST.**