

The Data Protection Act 1998 gives you the statutory right of access to any health record manual (paper) or computerised. You may wish to authorise someone else to make your application on your behalf. In certain circumstances your records or part of your records may be withheld. If this is the case you will be informed by your GP.

FEES PAYABLE

- a maximum of £10 where a record is wholly computer based
- a maximum of £50 where a record is wholly manual or a mixture of manual and computer based
- **no charge to view a record** which has been updated within the 40 day period prior to the access request
- a maximum of £10 to view a record which has not been updated for 40 days.

TIMESCALE

The Practice will deal with your request promptly and in any event the records **will be available within 21 days of receipt of your accurately completed form and your fee.**

A mutually acceptable time will be offered to patients who wish to read their records in the Surgery. This viewing will be done in the presence of a **healthcare professional**, who will be available to answer any questions arising.

SUBMISSION OF FORM

Please return this form marked for the attention of the **Practice Administrator**, who will liaise with your GP regarding access.

REQUEST FOR ACCESS TO MEDICAL RECORDS

False or misleading statements made in order to obtain access to personal information to which you are not entitled is a criminal offence

Access to Health Records is an important matter. The release of certain data may in certain circumstances cause distress. You may wish to consult an appropriate health professional before completing your application.

SECTION 1: PATIENT REQUEST TO ACCESS MEDICAL RECORDS

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 below under the terms of the **Data Protection Act 1998**.

Surname:		Forename(s):	
Address:		Date of Birth:	/ / Sex: M/F
		Telephone contact Day:-	
Postcode:		Doctor:	
Signed:		Date:	

SECTION 2: THIRD PARTY AUTHORISATION tick as appropriate

I hereby authorise the **G.P. Centre** to release **any** Personal Data they may hold relating to me to the following person.*

_____ (Block Capitals)

I hereby authorise the **G.P. Centre** to release to the following person.*
Personal Data relating to me this should be **restricted to**
..... (insert detail)

_____ (Block Capitals)

to whom I have given consent to act on my behalf.

Signature of Patient _____ **Print Name**.....
Date

REQUEST FOR ACCESS TO MEDICAL RECORDS

- I am the parent/guardian of a patient is under 16 years old who is unable to understand the request.

Signature of Applicant _____

Print Name _____

Date _____

Persons authorised to receive personal data on behalf of a patient will be required to provide proof of identity.

SECTION 3: TYPE OF RECORDS REQUESTED

Please give as much information as possible this will allow us to fulfil your request as quickly as possible.

NB We aim to process all requests within 21 days, you will be advised of the cost beforehand and payment should be made by cheque or in cash before any records are released.

Details	Delete as applicable
What records do you want to view?	
View original records only – by appointment	Yes/No
Receive a photocopy or printout only	Yes/No
View original records and receive a copy	Yes/No

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