

19. Application for access to medical records

Data Protection Act 1998 - Subject Access Request (SAR)

Please refer to: **19A. SAR Guide** for guidance on completing this form.

Fees for SARs are outlined in the Guide. On receipt of your completed SAR we will notify you of the final amount payable.

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

Details of the RECORD TO BE ACCESSED			
Patient surname		First name	
Address		Post code	
Email		Contact tel.	
D.O.B (dd/mm/yy)		NHS number	
Details of the PERSON who wishes TO ACCESS THE RECORD, if different to above			
Surname		First name	
Address		Post code	
Email			
Telephone No.		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.	
Please tick whichever of the following statements apply:	
I am the patient.	<input type="checkbox"/>
I have been asked to act by the patient and attach the patient's written authorisation.	<input type="checkbox"/>
I am acting in <i>Loco Parentis</i> and the patient is under age sixteen, and is incapable of understanding the request/has consented to me making this request. (*delete as appropriate).	<input type="checkbox"/>
I am the deceased patient's Personal Representative and attach confirmation of my appointment.	<input type="checkbox"/>
I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that....(supporting evidence will be required).	<input type="checkbox"/>
Signed	Date

PATIENT (or person authorised) to complete: application details (tick as appropriate)	
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 would like copies of my medical records posted	
I would like to collect copies of my medical records	
Optional – PATIENT (or person authorised) to complete	
Please advise if you require certain periods and parts of your health record, or provide more information as requested above. This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports.	
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)	

IDENTIFICATION – PATIENT (or person authorised) to provide with application	
Identity documentation is required in order to for us to process your request. Provide copies as below <ul style="list-style-type: none"> The copy identity documentation will be shredded once we have verified your identity It is an offence under section 55 of the Data Protection Act 1998 to impersonate a data subject. 	SAMC use only (Initial as received & date)
If SAR for Patient	
Your Passport OR Driving License OR Birth Certificate	
And Your Current utility bill or bank statement	
If SAR on behalf of patient as authorised by patient	
Your Passport OR Driving License OR Birth Certificate	
And Your Current utility bill or bank statement	
And Written authorisation from patient	
And Patients Passport OR Driving License OR Birth Certificate	
And Patients Current utility bill or bank statement	
If SAR on behalf of deceased patient	
Your Passport OR Driving License OR Birth Certificate	
And Your Current utility bill or bank statement	
And Proof of appointment as executor or administrator (e.g. will) or evidence of proof of claim arising from patients death	
If SAR on behalf of child by persons with parental responsibility or Powers of attorney/Agent	
Contact us to confirm ID required for SAR on behalf of Child	

SAMC USE ONLY		date
SAR request received		
Fee Due notice sent (enter name)		
Fee received		
Copies posted (enter name)		
Copies collected		
Copies collection form signed and attached? (tick here)		