BARKING MEDICAL GROUP PRACTICE

Patient Access to Medical Records - Request Form

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 send the completed and signed form,together with any accompanying evidence listed in the form, to Nelondonicb.bmgpmedicalrecords@nhs.net
Alternatively, you can send it by post or handed over the desk

(Please print all details and use dark ink)

To: (Please provide GP name, Practice address and contact details here) You should also provide: proof of ID, either a copy of a passport, driving licence or birth certificate; and proof of address, either a copy of a bank statement, utility bill, or TV licence.

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:

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 record	

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

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 patient's representative please give details here:

Name and address of representative
Contact number and E-mail
Signature

Signature of applicant ……

Print name……

Date……..

Response times

You're entitled to receive a response from us no later than 28 days after they have received your request.

Office Use Only

Date of application received …….

Received by ……

Signed: ……. Date: ……