

Form Reviewed: December 2019

**BEFORE RETURNING THIS FORM PLEASE ENSURE:**

- a) Signed and dated the form
- b) enclosed proof of your identity**
- c) enclosed documentation to support your request (if applying for another person's records)

**Appendix B**

**Application form – Subject access requests / Access to health records**

The personal information provided by you on this form is required to process your application for access to your healthcare records. The information you provide will only be used to process your subject access request.

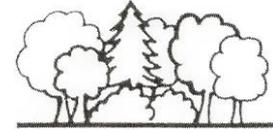
**Section 1: Patient details**

<b>Last name:</b>		<b>Maiden name:</b>	
<b>First name:</b>		<b>Title (i.e. Mr, Mrs, Ms, Dr)</b>	
<b>Date of birth:</b>		<b>Address:</b>	
<b>Telephone number</b>			
<b>NHS number (if known)</b>		<b>Postcode:</b>	

**Section 2: Record requested**

The more specific you can be, the easier it is for us to provide you with the information you are requesting. Please indicate your preferences below.

<b>Please provide me with a copy of records between the dates specified below:</b>
<b>Please provide me with a copy of records relating to the incident, condition or treatment specified below:</b>
<b>Please provide me with a copy of all records held</b>



## Section 3: Details and declaration of applicant

Please enter details of the applicant if different from section1 above

<b>Full name:</b>	
<b>Organisation name : if applicable)</b>	
<b>Address and post code:</b>	
<b>Contact telephone number:</b>	
<b>Capacity in which you are requesting: (i.e. Parent/Guardian, Power of Attorney, legal representative/organisation</b>	
<b>Who will have access to this information as part of any legal proceedings</b>	

## Section. 4 Declaration (to be completed for all requests)

I declare that I am entitled to apply for access to the personal information under the terms of the General Data Protection Regulations 2018/Data Protection Act 2018

Please tick as appropriate	
➤ I am the person named in section 1 above.	
➤ I have been asked to act on behalf of the individual and attach the person's written consent.	
➤ I have full parental/guardian responsibility for the individual and the person is under the age of 18 *(delete as appropriate)  *(a) Has consented to my making this request *(b) Is incapable of understanding the request	
➤ I have been appointed by the court to manage the individual's affairs and attach a certified copy of the court order appointing me to do so.	
➤ I am acting in loco parentis as the individual is incapable of	



understanding the request	
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## Request for personal information under the Access to Health Records Act

<b>Deceased records – please indicate below</b>	
➤ I am the deceased person’s personal representative and attach my appointment (Grant of probate/letters of administration)	
➤ I have written and witnessed consent from the deceased persons representative and attach proof of appointment	
➤ I have a claim arising from the person’s death and wish to access information relevant to my claim on the ground that; (please state details below)	

### Section 5. Authorisation \*Please delete as appropriate

**\*Part A** I am the named applicant in section 1

**\*Part B** of the authorisation section below must be completed by the **person/organisation** if acting on behalf of another person.

**\*Part C** must be completed if the applicant is under the age of 18.

<b>PART A: (Applicant as detailed in section 1)</b>	
I hereby authorise Woodlands Primary Care to release any personal data they may hold relating to me	
<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>PART B: (on behalf of another person named in section 1)</b>	
I hereby authorise Woodlands Primary Care to release any personal data they may hold relating to me	
<b>Name of person to whom I give my consent to act on my behalf</b>	
<b>Signature:</b>	



Date:	

**PART C: (on behalf a person under the age of 18. A responsible adult should certify where appropriate that the child understands the nature of the application)**

I am the parent/guardian representative and certify that the person detailed in section 1 of this application form understands the nature of the subject access request.

Name of parent/guardian :

Signature:

Date:

## Section: 6 Terms and conditions

Woodlands Primary Care reserves the right to make the final decision as to what form of access is appropriate.

Under the Terms of the General Data Protection Regulations 2018/Data Protection Act 2018 Woodlands Primary Care may not release information to you unless it is satisfied as to your identity.

There are also other conditions where access to some information may be restricted.

Any copies of personal information which is released will then be the responsibility of the applicant/representative and should be kept secure and disposed of securely.

Woodlands Primary Care will not charge for subject access requests, however, the GP practice can apply a charge for subject access requests when a request is manifestly unfounded or excessive, particularly if it is repetitive.

Woodlands Primary Care will respond to subject access requests within 30 days (one calendar month) This period can be extended to a further two months where requests are complex or numerous. When this is the case, the GP practice will inform you in writing and explain why the extension is necessary.

Before returning this form, please ensure that you have:

- d) Signed and dated the form
- e) **enclosed proof of your identity**



- f) 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.

\*Timescales for responding to this request will not be initiated until identification and any appropriate evidence documentation is verified and all the correct information has been received.

<b>GP Practice use only</b>	
Date subject access request received:	
*Date identification verified:	
Supporting evidence obtained: (when necessary)	
Deadline date for response:	
Details of any extensions required:	
Application complete:	