

**THE BOVEY TRACEY & CHUDLEIGH PRACTICE**

**APPLICATION FOR ACCESS TO MEDICAL RECORDS UNDER  
THE GENERAL DATA PROTECTION REGULATION (GDPR)**

Under the GDPR you are entitled to apply for access to view your original health records, regardless of when they were made and/or receive a copy of that record.

Should you wish to apply for access to view your health record, or that of a patient you are representing, please complete this application form and return it to the surgery. You will be contacted by the surgery to arrange a mutually convenient time for you to view the health records within 30 days of your request.

**Details of Health Record to Access**

Patient Surname:	Patient Forename (s):
Patient Date of Birth:	Patient NHS Number (if known):
Patient Address:	
Postcode:	Telephone Number:
Reason for application:	

**Details of Applicant**

Surname:	Forename (s):
Address:	
Postcode:	Telephone Number:
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 record 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 am acting for my child, who is under the age of 16 years old, and is incapable of understanding the request	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>	
Application Form Checked: Yes/No	
Patient Identity Confirmed: Yes/No - give details (eg: Passport/Drivers Licence Number):	
GP Approval:	Date:
GP Notes:	