

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:	

- ☐ I wish to view my medical records only
- ☐ I would like a copy of my medical records dated **from** _____ **to** _____
- ☐ I would like a copy of my **FULL** medical record

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: _____

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