**Patient Information Access Request Form *Strictly confidential***

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| 1. **Are you making this request to access your own records?**

[ ]  Yes: Complete part 2, 4 and 5 [ ]  No: Complete part 3, 4 and 5 |
| 1. **If you are making this request to access your own records, please complete your details below and make the GDPR declaration**
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| Surname: | Forenames: |
| Any former names: |
| NHS/other number (if known): | Date of birth: / / |
| Address: | Telephone number (mobile): |
| Postcode: | Telephone number (home): |
| Email address: |
| Reason for request: |
| **GDPR Declaration** |
| **I declare that the information given by me is correct and to the best of my knowledge and belief I am entitled to apply for access to my health record(s), under the terms of the General Data Protection Regulation (“GDPR”).** |
| **Name (print)** | **Signature** |
| **Please go to section 4** |
| 1. **If you are making this request to access someone else’s records, please complete your details below and make the GDPR declaration**
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| **Details of the person whose records you want to access:** |
| Surname: | Forenames: |
| Any former names: |
| NHS/other number (if known):  | Date of birth: / / |
| Address: | Telephone number (mobile): |
| Postcode: | Telephone number (home): |
| Email address: |
| Details of the person making the request: |
| Surname: | Forename:  |
| Address: | Telephone number (home) |
| Postcode:  | Telephone Number (mobile) |
| Email address: |
| Reason for request: |
| ***GDPR declaration (if the patient is alive):***I declare that the information given by me is correct and to the best of my knowledge and belief I am entitled to apply for access to the health record(s) of the patient referred to above, under the terms of the General Data Protection Regulation (“GDPR”).**Please select the appropriate box:** I am:[ ] A guardian (only relevant if the patient is under 18) [ ]  A parent (only relevant if the patient is under 18)[ ]  A legal representative [ ]  Other (please detail) Name (Print): Signature: |
| ***Access to Health Records declaration (if the patient is deceased):***I declare that the information given by me is correct and to the best of my knowledge and belief I am entitled to apply for access to the health record(s) of the patient referred to above, under the terms of the Access to Health Records Act 1990. I am able to provide documentary evidence of this if required**Please select the appropriate box:** I am:[ ] an executor of the patient’s estate (where the patient left a will)[ ] an administrator of the patient’s estate (where the patient died without a will (intestate)) [ ] person who may have a claim arising out of the patient’s death (please detail)[ ] other (please detail):\_ Name (Print): Signature: |
| 1. **Please describe the information that you believe we hold and to which you are seeking access. If you can be specific about the information that you would like, it will assist us to locate it (if we hold it). If we require further details about the information that you are requesting, we will contact you.**
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| 1. **Proof of identity**

**To establish your identity and address, this application must be accompanied by an original or a photocopy of document(s) bearing your full name (first name(s) and last name), date of birth and address (e.g. a driving license). Any original identification document(s) will be returned, photocopies of identification documents will be destroyed after they have been checked. If you are applying for a CCTV image, please also send a passport type photograph and physical description.****If you are requesting access as an executor, administrator or legal representative you will also need to provide proof of this status****Please tick to confirm you have provided proof of identity and status (where appropriate)** [ ]  |