

ANSTEY SURGERY

21a The Nook, Anstey, Leicester, LE7 7AZ

Tel: 0116 236 2532

**Subject Access Request
for Access to Paper/Computer
Health Records**

Important Notice:

Under new rules associated with Data Protection Act 2018 and GDPR the Practice is no longer able to charge you for access to your information. We will endeavour to provide you with this within 30 days from when your request is received.

Please ensure you bring photographic ID with you when you return this completed form i.e. Photo Driving Licence or Passport.

Details of Record to be accessed:

Patient: Surname:

Forename:

Address:

.....
.....

Date of Birth: __ / __ / ____

NHS Number _____

Please Indicate Information required:

Specific Details – please give dates / details

.....

Copy of your electronic medical record

Full Copy of your medical record

Details of applicant (if different from above):

Name: Surname:.....Forename:.....

Address:

.....
Relationship.....

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 General Data Protection Regulation 2018.

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation.

Signed

PRINT NAME

Date.....

Office Use Only

Staff Initials:

Photo ID seen:.....

Date Received:.....

Date to be actioned by: __ / __ / ____
(Request to be actioned within 30 days or notify patient why a delay is needed)

Information Supplied to patient: *(please circle)*

- partial
- electronic
- Full

Produced By: (staff Initials)

June 2020