

ANSTEY SURGERY

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

Tel: 0116 236 2532

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

Please ensure you bring photographic ID with you when you return this completed form.

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:

.....

.....

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 28 days or notify patient why a delay is needed)

Information Supplied to patient: *(please circle)*

- partial
- electronic
- Full

Produced By: (staff Initials)

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Policy author: Linda Smith/ US