SOUTHBOURNE SURGERY <u>APPLICATION FOR ONLINE ACCESS TO MEDICAL RECORDS</u>

Data Protection Act 2018 Subject Access Request

Details of the Record to be Accessed: Patient Full Name: Date of Birth **NHS Number** Address: Details of the Person who wishes to access the records, if different to above: Full Name: Telephone Number: Relationship to Patient: 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 records referred to above under the terms of the Data Protection Act 2018. Tick whichever of the following statements apply. I am the patient. I have been asked to act by the patient and attach the patient's written authorisation. I am the parent, or am acting in Loco Parentis, and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request. (*delete as appropriate). I am the deceased patient's Personal Representative and attach confirmation of my appointment. I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that (please supply your reasons below).

DATE:.....

YOUR SIGNATURE:.....

SOUTHBOURNE SURGERY APPLICATION FOR ONLINE ACCESS TO MEDICAL RECORDS

Details of my Application

Patient	to o	comp	lete
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(please tick as appro			
I am applying for access to view my records only			
I am applying for a copy of my medical record			
I have instructed someone else to apply on my behalf			
Notes:			
Under the Data Protection Act 2018 you do not have to give a reason for applying for access to records.	your health		
Optional - Please use this space below to inform us of certain periods and parts of your healt may require or provide more information as requested above.	h record you		
This may include specific dates, consultant name and location, and parts of the records you written diagnosis and reports. Note: defining the specific records you need may result in lowe and a quicker response.	-		
I would like a copy of all records			
I would like a copy of records between specific dates only (please give date range) below			
I would like copy records relating to a specific condition / specific incident only (Please detail below)			