



APPLICATION FOR ACCESS TO MEDICAL RECORDS

SUBJECT ACCESS REQUEST, REGULATION GDPR 2018

The General Data Protection Regulation (GDPR) and other Data Protection Legislation provides individuals rights of access to information about them that is held by others, be it digital, manual data in a relevant filing system, or data that is processed automatically. Patients, or their legal representatives, are entitled to see or have copies of data that we hold about them.

We reserve the right to withhold information which we consider might cause serious harm to the physical or mental wellbeing of the individual or any other person, as per the Data Protection Act 2018.

Confidentiality: It is our duty to keep the personal health information of our patients confidential. We are therefore obliged to ensure that anyone applying for access to records is the patient or is otherwise entitled to access the patient's records, for example a legal representative.

Making a request:

A **returnable** cash deposit of £50 will be required should you wish to request your records. You will have 28 days to collect your records from the date of completion and your deposit will be returned to you upon collection. Any records uncollected at the end of the 28 day period will be discarded and deposit will be forfeited. Further requests for records may not be submitted for a minimum of 1 year following this.

You may make a request by returning this completed form to a Secretarial Team via:

Email: poplar.grove@nhs.net

Post: Poplar Grove Practice, Meadow Way, Aylesbury, Bucks HP20 1XB

Alternatively you may choose to deliver this by hand, either to the main reception desk, or via the post box outside the front door.

Please note: you will receive an acknowledgment text or letter from the secretarial team once your request has been processed. Your records will be supplied within 30 working days of this acknowledgement and you will be informed via text or phone call when they are ready. You will need to collect these from the main reception desk and a copy of your Photo ID will be taken at the same time. Your deposit will be returned upon collection.

Administration Fee: In most instances, a copy of your personal data will be provided for free (not inc. returnable deposit). However, we may charge for additional copies if they are requested. A reasonable fee for administrative costs associated with the request will only be charged if the request is manifestly unfounded or excessive. A charge may also incur if



multiple requests are submitted for the same information within a short amount of time (one year).

Details of records to be accessed:

Request type

Your Own Records ☐

Another patient's records ☐

Access required

Viewing only ☐

Paper copies ☐

1	Full name of Patient (including any previously known names)	Full name:
		Previous names:
2	Date of Birth	
3	NHS Number (if known)	
4	Current Address	
5	Former Address (if different within the last 3 years)	
6	Contact numbers	Mobile number:
		Home number:
		Work number:
7	Email address	



8	Please complete ONLY if requesting the record for someone else	Your relationship to the patient	
		Your full name	
		Your address (if different from above)	
		Telephone number	

A medical summary may be more suitable than copies of records and may be produced in a quicker turnaround time. **A medical summary includes: Medications, Allergies, Immunisations and Problem History**

Provide medical summary only:

YES (skip questions 9&10) ☐ **NO (proceed to questions 9&10)** ☐

9	Time period of records required	From		
		To		
10	Types of records required	Consultation records	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature Required

Your Own Records: ☐

I am applying to access my own records under the General Data Protection Regulation (GDPR) for Health Records held by Poplar Grove Practice. I certify that the information on this form is correct to the best of my knowledge and that I am the patient to whom it relates. I understand that Poplar Grove Practice is obliged to confirm proof of identity upon collection of the records and it may be necessary to obtain further information in order to comply with the subject access request.

I am acting on behalf of the patient: ☐



I (name of requestee) _____ apply for
access to the health records of (name of patient) _____

Under the General Data Protection Regulation (GDPR) for health records held at Poplar Grove Practice. I certify that the information provided on this form is correct to the best of my knowledge and that I am legally authorised to act on behalf of the Data Subject (the patient). I understand that Poplar Grove Practice is obliged to confirm proof of identity upon collection of the records and it may be necessary to obtain further information in order to comply with this subject access request. **A person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.**

Signature:

Name:

Date:

For office use only (please include date and initial)

RCP RECD _____ SCT LOG _____ SCT ACK _____