

Dr Sunil Pillai  
Dr Kavitha Mallya  
Dr Jo Dent  
Dr Claire Molloy  
Dr Okwuchi Apakama  
Dr Kate Hodder  
Dr Roisin McCormack

Dr Samantha Worrall  
Dr Andrea Roberts  
Dr Rabia Akhlaq  
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Dr Rachael Scott  
Dr Shama Shaïd



## **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:**

##### **1. The NHS APP**

This is the easiest and quickest way to access your GP record. If you do not have access to the NHS APP, please visit <https://www.nhs.uk/nhs-app/about-the-nhs-app/> for further information. Once access has been granted, your GP record will be available to view on the NHS APP.

You may make a request by returning this completed form to a Secretarial Team via: EConsult (our online form): Visit <https://poplargrovemp.webgp.com/#> and choose "administrative help" and attach a copy of this form.

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

Once your records are ready, we can email these to you as a PDF file.

**A *returnable* cash deposit of £30\* will be required should you wish to request your records IN PAPER FORMAT. 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. Any future requests for records that were not collected will incur a charge to cover the cost of consumables and staff time.**

\*If you are on a low income and unable to provide a deposit, please ask to speak to our medical secretaries for further advice and options\*

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**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) | <b>Full name:</b>      |
|   |   | <b>Previous names:</b> |
| 2 | Date of Birth   |                        |
| 3 | NHS Number (if known)                                       |                        |
| 4 | Current Address   |                        |
|   |   |                        |
|   |   |                        |
|   |   |                        |
| 5 |   |                        |

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|   |  |                       |
|---|--|-----------------------|
|   | Former Address<br>(if different within the last 3 years) |                       |
|   |  |                       |
|   |  |                       |
| 6 | Contact numbers  | <b>Mobile number:</b> |
|   |  | <b>Home number:</b>   |
|   |  | <b>Work number:</b>   |
| 7 | Email address  |                       |

|   |   |  |  |
|---|---|--|--|
| 8 | <b>Please complete ONLY if requesting the record for someone else</b> | 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   |  |

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|    |                           |                      |                              |                             |
|----|---------------------------|----------------------|------------------------------|-----------------------------|
| 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 \_\_\_\_\_