

St Thomas Medical Group
Application for access to medical records
(General Data Protection Regulation 2018)

PLEASE RETURN TO SECRETARIAL TEAM

Details of the Record to be Accessed:

Patient Surname:	NHS Number:
Forename(s):	Address:
Date of Birth:	

Details of the Person who wishes to access the records, if different to above:

Surname:	
Forename(s):	
Address:	
Telephone Number:	
Relationship to Patient:	

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 General Data Protection Regulation 2018.

Tick whichever of the following statements apply.

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

Signature:

Date:

Staff Use -

Patient Photo ID seen – Yes / No Date:

Request received:

Request completed:

Details of my Application

Patient to complete (please tick as appropriate):

I would like a summary of my medical record	
I would like a copy of my full medical record	
I have instructed someone else to apply on my behalf	

Notes:

You do not have to give a reason for applying for access to your health records.

Optional – Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above. This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in a quicker response.

I would like all of my records	
I would like a copy of my records between specific dates only (please give date range)	
I would like a copy of records relating to a specific condition / specific incident only (please detail)	

Whilst we no longer charge for access to medical records, we may apply a small administration fee of 20p a sheet to a maximum of £5, where duplicated requests are required. Postage and packaging where required will be chargeable. Requests will be responded to within 1 month.

I confirm receipt of my medical records and understand that if I make a duplicate request in the near future I will be liable for the charges listed above.

Signature:

Date:

If you are requesting access to medical records of a deceased patient – Please visit <https://pcse.england.nhs.uk/services/gp-records/accessing-medical-records/>. Here you will be able to complete an application form.