

**APPLICATION FOR ACCESS TO HEALTH RECORDS GENERAL DATA PROTECTION REGULATION**

**Details of the records that need to be assessed**

**General Practitioner** .....

**Patient**

**Surname** .....

**Forename** .....

**Date of Birth** ...../...../.....

**Address** .....

**Postcode** .....

**Email Address** .....

**Nature of Request:**

(Please include what you would like us to improve as well as certain dates you want records from)

**PLEASE NOTE** If you require a copy of you Medical Records using one of the following will make the process easier and quicker for you:-

1. Please provide your email address in the space above for the records to be sent direct to you.
2. If you do not have access to an email address, you can apply for online access to your medical records to view your records yourself. Please ask a Patient Advisor about Online Access.

**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 above under the **“General Data Protection Regulation”**

- I am the patient
- I have been asked to act by the patient and attach the patient’s written authorisation
- I am acting in loco parentis and the patient is under the age of 13 and (is capable of understanding the request) has consented to my making this request.
- 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 to my claim on the grounds that:

.....

.....

.....

.....

**Signed** .....

**Date** ...../...../.....