**The Centre Surgery**

Application for Access to Health Records – Subject Access Request (Manual or Computerised)

Initial access is provided free of charge unless the request is ‘manifestly unfounded’ or ‘excessive’– in which case a ‘reasonable’ fee can be charged. For further requests for the same information, a ‘reasonable fee’ can be charged to cover administration costs.

**If you are applying for copies of your medical record, please be aware that** **due to restraints within Primary Care, The Centre Surgery outsources the administrative side of medical reporting to Medi2data. This is so we can free up additional resource for patient care. Please visit** [**www.medi2data.com**](http://www.medi2data.com) **for more information.**

Please now complete this application form below.

|  |  |
| --- | --- |
| Full name: | Former name(s) |
| Current address: | Former address (with dates change) if in last 5 years: |
| Date of birth: | NHS number |
| Contact number (including area code): | Email address: |

**What is being applied for (tick as applicable)? In doing so you understand you may have to pay a fee for access or copies of your records:**

|  |  |
| --- | --- |
| I am applying for online access to view my health records |  |
| I am applying for copies of my health record, and I am aware that medi2data will process my request |  |

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc. Please use the space on the following page to document this information: Dates and types of records:

|  |
| --- |
|  |

**Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access.**

|  |  |
| --- | --- |
| I am applying to access my health records |  |
| I have instructed my authorised representative to apply on my behalf |  |

**If you are the patient’s representative, please give details here:**

|  |
| --- |
| Name and address of representative |
| Relationship to patient |
| Contact number and Email |
| Signature |

Please provide two types if identification i.e. passport, driving licence, birth certificate and additional proof of address i.e. bank statement, utility bill (one must contain a photograph) when you come to collect or view your records. If collecting on behalf of a child, please bring their birth certificate.

**Please note under GDPR there is a 28-day deadline for a Subject Access Request**

**Signature of applicant ……………………………………………**

**Print name…………………………………………………………… Date………………………………………….....................................**

**(Office use only)**

**Date of application received ……………………….**

**Received by ……………………………… Signed: ……………………….**