

**Policy Name: Application for Access to Medical Records**  
**Policy Number: 97v1.1**

**APPLICATION FOR ACCESS TO MEDICAL RECORDS**  
**Data Protection Act 2018 Subject Access Request**

THE CHORLEY SURGERY respects the rights of individuals to have copies of their information wherever possible.

**Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.**



**Charges Payable:** In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our “reasonable administrative charges” in order to comply with your request.

**Details of the Record to be Accessed:**

Patient Surname	
Forename(s)	
Previous names by which you have been known by	
Date of Birth	
NHS Number	
Address	
Telephone	

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

Surname	
Forename(s)	
Previous names by which you have been known by	
Address	
Telephone	
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 Data Protection Act 2018 and EU General Data Protection Regulations (GDPR).

Tick whichever of the following statements apply:

- I am the patient (data subject).
- 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 (\*delete as appropriate).
- 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 relevant to my claim on the grounds that....(please supply your reasons below).

**Details of my Application** (please tick as appropriate)

<b>I am applying for access to view my records only</b>	
<b>I am applying for copies of my medical record</b>	
<b>I have instructed someone else to apply on my behalf</b>	

**Notes:**

Under the Data Protection Act 2018 and EU General Data Protection Regulations (GDPR) you do not have to give a reason for applying for access to your health records.

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.

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



YOUR SIGNATURE.....DATE.....

Thank you for your application. What happens next:

- If the Applicant and the Data Subject are not the same, we may require further information to support the application – we will contact you if this is the case.
- Your application will be processed in line with the General Data Protection Regulations 2018.  
*Please note this may take up to 28 days.*
- We will contact you to let you know when access/copies have been arranged.
- Where copies have been requested, photographic ID will be required upon collection.
- Please contact The Chorley Surgery if you have any queries.

**For office use only:**

Date received: \_\_\_\_\_

Passed to Usual GP (GP initials & date): \_\_\_\_\_

Appointment required? YES/NO Date actioned: \_\_\_\_\_ Date of appt: \_\_\_\_\_

Records to be copied? YES/NO Date actioned: \_\_\_\_\_

Date records returned by GP: \_\_\_\_\_

Patient contacted to inform outcome of application (date & initial): \_\_\_\_\_

Records placed in locked cabinet in (date and initial) \_\_\_\_\_

Identification of applicant verified/authenticated (date & initial): \_\_\_\_\_

Receptionist to record date and time of collection DATE \_\_\_\_\_ TIME \_\_\_\_\_

Patient Signature \_\_\_\_\_

Return signed form to operational managers.