As part of the General Date Protection Regulations, patients have a right to access their health records. You can have access by one of the following methods:

**Online Access-** We advise this option as you can simply login and view your up to date record at any time and share it with whoever you wish. You can also take advantage of being able to request your repeat medications and booking appointments too. This is the quickest option.

**Emailed report-** We can email your health record to you. This is eco-friendly and cost-effective

**Printed Report-** We can also print your record for you to collect. This option is not eco-friendly and is also very costly for the practice. We therefore request that you choose one of the other options above where able.

Patient Details

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information Requested

Request for:

Online Access (Recommended option- see above)

Emailed Record

Printed record (not recommended- see above)

I am requesting access to:

My record for/between these specific dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My record for these specific conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My record for these specific events: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My full medical record. If you are requesting your full medical record, please provide your reason below:

**Can we refuse to comply with a request?**

We can refuse to comply with a subject access request if it is manifestly unfounded or excessive, taking into account whether the request is repetitive in nature. If we consider that a request is manifestly unfounded or excessive, we can:

* request a "reasonable fee" to deal with the request; or
* refuse to deal with the request.

We will justify our decision. If we decide to charge a fee, we will contact you promptly and inform you of the likely costs. The request will be processed once the fee has been received.

**How long do we have to comply?**

We will act on the subject access request without undue delay and at the latest within one month of receipt. We will calculate the time limit from the day after we receive the request (whether the day after is a working day or not) until the corresponding calendar date in the next month.

**Can we extend the time for a response?**

We can extend the time to respond by a further two months if the request is complex or we have received several requests from the patient. We will let you know within one month of receiving your request and explain why the extension is necessary.

Applicant Details (If different from above)

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent

|  |  |
| --- | --- |
|  | I am the patient |
|  | I have been asked to act by the patient and attach the patient’s written authorisation |
|  | I have full parental responsibility for the patient and the patient is under the age of 18 and:  has consented to my making this request, or  is incapable of understanding the request |
|  | I have been appointed by the court to manage the patient’s affairs and attach a certified copy of the court order appointing me to do so |
|  | I am the deceased person’s Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration) |
|  | I have written, and witnessed, consent from the deceased person’s Personal Representative and attach Proof of Appointment |
|  | I have a claim arising from the person’s death (Please state details below) |

I’d like to see a copy of any report before it is given to a third party YES / NO

Waiver

To comply with Article 15 of the UK General Data Protection Regulation, we are obliged to advise you of our privacy notice, which details how we hold, use and share information about patients and service users. A full copy of this can be found on our website here: [Practice Privacy Policy | Beaufort Road Surgery](https://www.beaufortroadsurgery.co.uk/privacy-policy/)

You are responsible for the confidentiality and safeguarding of any copies of your medical records provided to you. Beaufort Road Surgery accepts no responsibility for the copies once they leave the premises.

By signing this form, you are accepting full responsibility for the security and confidentiality of the copies of your medical records.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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