

Moorland Medical Centre

Patient Access to Medical Records - Request Form

Access to Health Records under the General Data Protection Regulations 2016 (Subject Access Request)

Patient's authority consent form for release of health records (Manual or Computerised Health Records)

please print all details

To: The Practice Manager Moorland Medical Centre Regent Street Leek ST13 6LU
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Identity of individual about whom information is requested

Full Name	Former name(s)
Current address	Former address (with dates of change)
Date of birth	NHS number (if known)
Contact phone number (including area code)	E-mail address: (optional)

What is being applied for (tick as applicable).

I am applying for access to view my health records	<input type="checkbox"/>
I am applying for copies of my health record	<input type="checkbox"/>

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,

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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:

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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
Contact number and E-mail
Signature

Signature of applicant

Print name.....

Date.....

Information regarding your Application

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Copies are **free** to patients, and are to be provided to you within one month of receipt of the request, and in any event without delay. This is in accordance with Article 12 of the GDPR 2016.

The period of compliance can be extended by a further two months where requests are determined to be “complex” or “numerous”

Some charges can be made in the following circumstances:

- Where further copies are requested by the data subject
- The request is manifestly unfounded
- The request is excessive

When can a subject access request be refused?

The Practice can decide to refuse a request where the request is “manifestly unfounded or excessive”, in particular if it is “repetitive” The requestor must be informed of the reason why a request has been refused, within one month of the receipt of the request. If the practice decided to apply this option we MUST seek advice from the Data Protection Officer, Paul Couldrey, PCIG Consulting Limited

What format should the response be provided in?

Where a request is received by electronic means, unless otherwise stated by the data subject, the information should be provided in a commonly used electronic format. Please state your preference if requesting copies of medical records:- (Tick as appropriate)

- Email
- Collection from surgery
- Copied to a CD

(Office use only) Date of application received

Received by

Signed:

Date:

SAR status: EMISNQSU84 (input form received)

SAR completed: EMISNQSU87 (once form completed and records dealt with)

SAR Refused: EMISNQSU86

Dated: May 2018 (FF)

Review Due: May 2019