

APPLICATION FOR ACCESS TO MEDICAL RECORDS

General Data Protection Register (GDPR) Subject Access Request (SAR).

Whilst it is not a requirement of the GDPR to make a SAR request in writing; it would be helpful to facilitate a speedy reply, if you could complete and return the following form

Details of the Record to be accessed:

Patient Surname	
Forename(s)	
Date of Birth	

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.

Tick whichever of the following statements apply.

- ☐ 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 age sixteen, and is incapable of understanding the request / has consented to me making this request. (*delete as appropriate).
- ☐ I have the Power of Attorney for the patient and attach confirmation of my appointment.

I am applying for copies of my health records

YOUR SIGNATURE _____ **DATE** _____

Except in exceptional circumstances your records will be ready for collection within 1 month of receiving this request.

Please confirm how you would like your SAR report sent (please tick):

- ☐ Paper copy
- ☐ USB stick
- ☐ Secure web portal*

Email: _____
(Please print clearly)

Mobile Number: _____

***You will be sent an email and text message to access a secure website to view the SAR report. We recommend that you download a copy of the SAR report as access is only available for 90 days.**

Hillhead Family Practice

In most cases there is no fee to make a SAR.

However, where the request is manifestly unfounded or excessive a “reasonable fee” for the administrative costs of complying with the request will be made.

Furthermore, a reasonable fee will be charged if further copies of data are requested following the initial request.

Optional - Under the GDPR you do not have to give a reason for applying for access to your health records. However, due to the increased demand on access to health record requests, it would be helpful if you could provide details of the periods and parts of your health records you require.

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.

For office use only

Date request received

Request received by

Date processed

Notes authorised for release by

Date patient notified that notes ready for collection
