

UNIVERSITY MEDICAL CENTRE

REQUEST FOR ACCESS TO MEDICAL RECORDS

Full name of patient:	
Current Address: Postcode	Date of Birth:
	NHS Number:
	Contact Telephone Number:
	Email Address:

Details of Records to be Accessed	
<input type="checkbox"/> Copies of Health Records dated from/to:	<input type="checkbox"/> Copies of Health records relating to the following condition:
<input type="checkbox"/> Copies of all information contained in my health records from birth.	<input type="checkbox"/> Read only: To view copies of all my Health Records

Format required	
<input type="checkbox"/> Paper copies	<input type="checkbox"/> Electronic (to be agreed with Practice)

<p>Declaration</p> <p><input type="checkbox"/> I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred to above.</p> <p><input type="checkbox"/> I accept that I must collect the copies of my records in person from the Surgery and that the Practice will ask me to confirm my identity when I collect them. My records cannot be collected on my behalf.</p> <p><input type="checkbox"/> I am the patient.</p> <p><input type="checkbox"/> I have been asked to act by the patient and attach the patient's written authorisation.</p> <p><input type="checkbox"/> I have parental responsibility/legal guardianship for the patient who is under age 16 and (is incapable of understanding the request) (has consented to me making the request) <i>(delete as appropriate)</i></p> <p><input type="checkbox"/> I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order.</p> <p><input type="checkbox"/> I am the deceased patient's personal representative and attach confirmation of my appointment.</p> <p>Signed: Date:</p> <p><input type="checkbox"/> I understand that my first request to access my medical records is free of charge, however should I at a later date require additional copies of records that have already been provided to me then the Practice will levy a charge for any duplicated records. {Minimum charge £10. Maximum charge is £50}. The cost will depend on the volume of records to be copied or read and is at the discretion of the surgery.</p> <p>Please note:</p> <ul style="list-style-type: none"> • It will be necessary to provide identification (i.e. driving licence, passport etc) • If there is any doubt about the applicant's identity or entitlement, information may not be released. • You will be informed if this is the case.
