

## Subject Access Request Form

**Are you aware that you can access your medical records whenever you want with the NHS App? You sign up for the NHS App online and then you can request historic access. Speak to our reception team for more information.**

As you may be aware, GP surgeries are no longer able to charge for this service under the new General Data Processing Regulations (GDPR). You are entitled to one full copy of your medical record. This is not a medical report. This places additional strain on NHS Primary Care as some patients' records can be extremely large and can be incredibly time consuming to copy.

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**Please select one of the following:**

- Specific dates:** From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_
- Patient Summary:** including problems, medication, immunisations, allergies and last 3 consultations.
- Full computer records:** including electronic records only.
- Entire medical record:** including electronic and old Lloyd George paper records.
- Specific information:** tick all that apply
- Allergies    Medication    Immunisations    Other \_\_\_\_\_

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**Patient Details:**

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_    Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

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

**Parents/Guardians:**

If you are requesting access on behalf of a child (up to 13 years) or for a patient for whom you have legal responsibility, please give your details below:

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_    Relationship to the patient: \_\_\_\_\_

If requesting for legal responsibility, please give details: \_\_\_\_\_

I would like to collect my request

**OR**

I would like to receive my request by email:

Please confirm email address: \_\_\_\_\_

Please note this will be sent as an encrypted email and you will need your personal details to open.

I confirm that:

- I am the patient detailed above  
 or I am the legal parent/guardian of the child named above and the child is under 13  
 or I have legal responsibility and consent to access the record of patient named above

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

**Any request can take up to 28 days for us to have your medical records copied and ready to be returned to you by collection or email. Once we have received your request form and we have seen some form of Identification, we will then process your request.**

If you have any questions, please do not hesitate to contact the surgery.

**For Office Use Only**

EMIS No:	Date:	Received by:
Email address verified against EMIS (if req)	YES / NO if no, give details:	
ID Seen: Yes/No	Passport / Driving Licence / Bank Statement / Utility Bill Other (Please specify) _____	
Request completed: Yes/No	Date:	Completed by: