**Application for Subject Access to Health Records**

**Please fill in this application form using BLOCK CAPITALS and black ink. Once completed, please return to Keith Health Centre.**

# Section 1: Personal details

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name:**  |    | **First name:**  |   |
| **Address:**  |    | **Date of Birth:**  |   | **Sex:**  |   |
|    | **Home phone number:**  |
|   | **Mobile phone number:**  |
| **Postcode:**  |   | **CHI (Community Health Index) or** **Hospital Reference Number (if known):**  |
| **Email Address:**  |   |

If the person this access request is about has changed their name or lived at a different address during the periods of treatment you are interested in, please provide these details below.

|  |  |  |
| --- | --- | --- |
| **Previous last name(s):**  |  |  |
| **Previous address(s):**  |   |   |
| **Dates from and to:**  |   |   |

# Section 2: NHS contacts

Please provide as much information in this section as possible. Give full details of the periods of treatment or care you are interested in. Put the name of the health care professional in charge of the patients’ care for each period of treatment in the ‘health care professional’ column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of premises attended** | **Ward, clinic, department,** **specialty or service**  | **Name of health care professional** **(if known)**  | **Dates from**  | **Dates to**  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

# Section 3: Requested information

Give details in the box below of the information you are requesting.

|  |
| --- |
|  |

# Section 4: Declaration

You must sign this section and provide photographic identification. Any of the following is acceptable

* Passport
* Driving Licence
* Bus Pass
* Student Card

# Releasing Information

Keeping personal information confidential and secure is extremely important to us.

When you collect the information in person, we will require to see a form of identification from you. Where possible, this must be photographic (for example, your passport, driving licence, or bus pass).

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the Data Protection legislation.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the person named in Section 1. (Go to Section 6 if another person is acting on your behalf, otherwise you do not need to complete the remainder of the form).

**If you are not the person named in section 1 please tick the appropriate box below:**

|  |  |
| --- | --- |
|   | I have been asked to act on behalf of the person named in Section 1, and that person has completed Section 6. (Please go to Section 5) |
|   | I am the parent or guardian of the person named in Section 1, and that person is over 12 years old and has completed Section 6. \*(Please go to Section 5) |
|   | I am the parent or guardian of the person named in Section 1, and that person is under 12 years old and is not able to understand the request. (Please go to Section 5) |
|   | I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this. (Please go to Section 5) |

**Please note**: We will presume children can understand the nature of the application if they are aged 12 and over, however, we will consider all cases individually.

# Section 5: Details of the person acting on behalf of the person applying

You must fill in this section if you are not the person named in Section 1.

|  |  |
| --- | --- |
| **Name:** **(Please print)**  |   |
| **Address:**  |   |
| **Postcode:**  |   |
| **Home phone number:**  |   |
| **Mobile phone number:**  |   |
| **Email Address:**  |   |

# Section 6: Permission

You must fill in this section if you are the person named in Section 1 and you have given the person named in Section 5, permission to act on your behalf.

I give Keith Health Centre permission to give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(enter the name of the person acting on your behalf) personal information about me.

I have given them permission to act on my behalf.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_