# *Victoria Surgery*

Application for access to medical records

GDPR May 2018 Subject Access Request

Details of the Record to be accessed:

|  |  |
| --- | --- |
| Patient Surname | H&C Number |
| Forename(s) | Address |
| Date of Birth |  |

Details of the Person who wishes to access the records if different to above:

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Address |  |
| Telephone Number |  |
| Relationship to Patient |  |

Tick whichever of the following statements apply:

* I am the patient
* 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)

Details of Application (Please tick as appropriate)

|  |  |
| --- | --- |
| I am applying for access to view records only |  |
| I am applying for copies of my medical record |  |

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports.

|  |  |
| --- | --- |
| I would like a copy of all records |  |
| I would like a copy of records between specific dates only ( please give date range) |  |
| I would like a copy of all records for the past 5 years as usually requested by the Appeals Service  |  |
| I would like a copy of records relating to a specific condition/specific incident only. (Please detail) |  |

Signature Date

Copies of records will be supplied within 1 month on receipt of this request