

MID SUSSEX HEALTH CARE

APPLICATION FORM FOR ACCESS TO MEDICAL RECORDS Data Protection Act 2018 Subject Access Request

Details of the Patient Record to be Accessed:

Patient Surname	
Forename(s)	
Date of Birth	
NHS No. (if known)	

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 (**PROOF OF IDENTITY REQUIRED, e.g. Passport, driving licence**)
- 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 am the deceased patient's Personal Representative and attach confirmation of my appointment.
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that: (Please supply your reasons below).

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Declaration: 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 referred to above under the terms of the Data Protection Act 2008 and GDPR.

YOUR SIGNATURE.....DATE.....

