

# Subject Access Request for Access to Records

The Access to Health Records Act 1990 and Data Protection Act give patients/clients/staff or their representatives a right of access, subject to certain exemptions, to their health records. The Thurso & Halkirk Medical Practice respects the rights of individuals to have copies of their information wherever possible.

**Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.**



**Charges Payable:** In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our "reasonable administrative charges" in order to comply with your request.

**PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.**

**1. Details of Patient records to be accessed** (Please complete one form per person)

Surname	Date of Birth										
Forename(s)	Current Address										
Any former names (If Applicable)	Full Postcode										
Telephone Number	Previous Address (If Applicable)										
CHI Number (If known/relevant)	Full Postcode										
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> </tr> </table>											

If further details are available please include in a separate covering note.

**ID CHECKED:**

**STAFF INITIALS:**

**2. Details of Records to be Accessed**

In order to locate the records you require please provide as much information as possible. Please list the department or services you have accessed that you require records from:

Records dated from	Department or services accessed
/ / to / /	<i>Example: All medical records from the date of my accident in August 2011</i>
/ / to / /	
/ / to / /	
/ / to / /	

**3. Details of applicant** (Complete if different to patients details)

Full Name			
Company (if Applicable)			
Relationship with individual who's records have been requested			
Address to which a reply should be sent	<b>Postcode:</b>	<b>Tel:</b>	

**ID CHECKED:**

**STAFF INITIALS:**

<b>4.</b>	<b>Authorisation to release to applicant</b> (to be completed by the patients if not making their own request)				
<p><b>I (Print name)</b> _____ hereby authorise the Thurso &amp; Halkirk Medical Practice to release any personal data relating to me, in accordance with Section 2, to the above applicant whom I authorise to act on my behalf.</p>					
<b>Signature of patient:</b>					<b>Date:</b> /    /
<b>5.</b>	<b>Declaration</b>				
<p>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(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act.</p>					
<b>Please select one box below:</b>					
<input type="checkbox"/> I am the patient (data subject).					
<input type="checkbox"/> I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.					
<input type="checkbox"/> I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).					
<input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)					
<input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.					
<input type="checkbox"/> I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order (attached).					
<input type="checkbox"/> I am the deceased patient's personal representative and attach confirmation of my appointment.					
<input type="checkbox"/> I have a claim arising from the patient's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).					
<b>Please Note:</b>					
<ul style="list-style-type: none"> <li>▪ If you are making an application on behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.</li> <li>▪ It may be necessary to provide evidence of identity (eg Passport, Driving Licence, proof of address).</li> <li>▪ If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.</li> <li>▪ Under the terms of the Data Protection Act, Subject Access Requests will be responded to within 30 days after receiving all necessary information and/or fee required to process the request.</li> <li>▪ Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.</li> </ul>					
<b>Print Name</b>		<b>Signed (Applicant)</b>		<b>Date</b>	/ /

**Please complete and send this document to:**

ASSISTANT PRACTICE MANAGER,  
 THURSO & HALKIRK MEDICAL PRACTICE,  
 69 PRINCES STREET,  
 THURSO, CAITHNESS KW14 7DH