

Tel. 0116 344 0233 Fax. 0116 257 8021

### **Data Protection Act 2018**

Thank you for your enquiry regarding the disclosure of your medical records under the Data Protection Act 2018.

The Act gives you the right of access to your records but the practice may withhold any information which might cause serious harm to the physical or mental health of the patient or identify a third party. The practice does not have to disclose the fact that information has been withheld.

I am enclosing an application form for your completion should you wish to apply for access to your medical records. All patients have a right to have their personal information kept confidential and it is therefore necessary for you to provide proof of satisfactory identity prior to disclosure of information.

Please see details below of supporting documents needed for proof of identify. The Act requires subject access requests to be processed within 28 days; we will only release information upon satisfactory proof of identify. We may notify the police in the event of a fraudulent application.

### Can I access the medical records of someone who has died?

Access to the medical records of a deceased person is governed by the Access to Health Records Act 1990. Under this legislation, when a patient has died, their personal representative or executor or administrator, or anyone having a claim resulting from the death (this could be a relative or another person), has the right to apply for access to the deceased's medical records. For more information please go to https://pcse.england.nhs.uk/organisations/public/

Upon receipt of your completed form, you may be invited to meet with one of the partners/Practice Manager/Assistant Practice Manager who will look at the records you have requested with you and answer any questions you may have.

When you attend to collect your copies, you should bring with you the relevant documents outlined overleaf as proof of identity. Please note we will be unable to grant access to your medical records without this documentation. The records MUST be collected by yourself in person.

**Partners** 

Dr Sam Adcock Dr Sarah Levy Dr Huw Miles Dr Richard Palin Dr Tracy Tobin **GPs** 

Dr Roopa Chauhan Dr Priya Lad Dr Katrina Smith Dr Shamina Tayub Practice Business Manager





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# **Proof of identity**

- · Current passport, or
- · Current photocard driving license or
- Photographic proof such as bus pass or student card.

## **AND**

## **Proof of address**

- · Recent utility bill (no more than 3 months old) or
- · Council tax bill valid for current year or
- Current benefit book or card or original notification letter from Department of Work and Pensions confirming right to benefits or
- Recent bank statement (no more than 3 months old).

Yours sincerely

# **BUSHLOE SURGERY**

**Partners** 

Dr Sam Adcock Dr Sarah Levy Dr Huw Miles Dr Richard Palin Dr Tracy Tobin **GPs** 

Dr Roopa Chauhan Dr Priya Lad Dr Katrina Smith Dr Shamina Tayub Practice Business Manager





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# **REQUEST FOR ACCESS TO HEALTH RECORDS**

Please read carefully and complete the application form in full.

Details of person for whom access to medical records is requested.

Surname:		Male □	Female $\square$	
Forename/s:		DOB:		
Address:				
Tel no: Home:				
Please tell us what you require:				
Access to view full medical records				
Access to view full medical records and copies				
Access to view part medical records and copies	;			
Please give details of specific dates of entries or and/or receive copies of:	corres	spondence	you would like	to view

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# **DECLARATION**

that (please tick):	ormation given in this form is correct	to the best of my knowledge and
I am the person nam	ed above	
I am the parent/guar	dian of the person named above	
	format you require the records in (ple very often several thousand pages)	
CD 🗆	Sent by email to □	Paper □
I have read and und documentary proof	derstood the enclosed instructions of identity.	s and agree to provide
• •	nt:	
• •		
• •	nt:	
Signature of applica	nt:	///

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