

QUINTIN MEDICAL PRACTICE

Patient Authority Request Form

Access to Health Records held by Quintin Medical Practice under the General Data Protection Regulation (GDPR)

IMPORTANT – Please read these notes before you proceed with your application.

The GDPR gives every living person the right to access to their health records held by their GP. Any request for access to health records may be made verbally, in writing or electronically.

Under GDPR there is no charge for you to access your health records or be provided with a copy of them.

The request to access health records must be complied with within 28 days under normal circumstances. Exceptionally, the request can take longer if the workload involved is excessive or complex.

(Under the GDPR there are certain circumstances in which **the record holder may withhold information**. Access may be denied, or limited, where information might cause serious harm to the physical or mental health or condition of the patient, or any other person, or where giving access would disclose information relating to or provided by a third person who had not consented to the disclosure). Please note; when requesting/obtaining information there may be personal information included that may be of a sensitive nature and you may not wish third parties to see.

Complaints about any aspect of an application to obtain access to any health records should be discussed firstly, with the health professional. If this avenue is unsuccessful a complaint can be made under the Quintin Medical Practice Complaints Procedure. Having followed this procedure and being dissatisfied with that outcome of the investigation a person does have the right to take their complaint to the Health Service Ombudsman, or as a last resort to court. Alternatively, a person has the right to complain to the Information Commissioner's Office at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. Tel 0303 123 1113 or www.org.uk

Finally, please ensure you have filled in the details on the consent form and signed it. You may wish to keep a copy for yourself. **Thank you.**

Please note this form will be processed by our Subject Access Request Administrator who will contact you regarding your requirements.

PATIENT AUTHORITY CONSENT FORM
ACCESS TO HEALTH RECORDS UNDER
GENERAL DATA PROTECTION REGULATION
(Subject Access Request)

(Patients Authority for release of Health Records
(Manual or Computerised Health Records))

F.A.O Bridget (Quintin Medical Centre)

To:

Full name and address of GP

1. Full name (including former name(s)): (Mr/Mrs/Miss/Ms).....
(please **print** all details)

Former name(s).....

2. Date of Birth:

3. NHS Number (if known)

4. Current Address

.....

.....

5. Contact Tel No.

6. **Access to my health records:**

- I am applying for copies of my health records

- I want to view my health records

(Delete as appropriate)

IMPORTANT INFORMATION

You do not have to give a reason for applying for access to your Health Records. However, **if you wish**, it would be helpful if you could provide details informing us of periods and parts of your health records you require, along with details you feel may have relevance i.e. consultant name and location etc.

Optional – please use the box below to inform us of certain periods and parts of your health record you may require. This may include specific dates, consultant name and locations, and parts of the record you require i.e. written diagnosis and reports.

Below is an example of using the space provided.

Example

1st March 1993 – 31st March 1999. All my GP notes and consultant reports to my GP concerning back pain within this period.

Signed.....

Date.....