APPLICATION FORM FOR ACCESS TO HEALTH RECORDS
in accordance with the General Data Protection Regulation (GDPR)
DATA SUBJECT ACCESS REQUEST (DSAR)

This form must be completed in blue or black ink and signed in order for us to process your request. Once the DSAR form is submitted, Northgate Medical Centre will aim to process the request within **30** days; however, this may not always be possible. The maximum time permitted to process DSARs is one calendar month.

Section 1 (If you are the patient)

Surname		Forename	
Date of Birth		Contact telephone number	
Address			

If you are requesting on behalf of a patient please complete section 2 overleaf

Please specify exactly what you require from your records The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g. leg injury following a car accident). Eg. Imms, blood results, xray results, clinic letter, records	Date relates to

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 GDPR.

I confirm that I am the patient named above. Please sign ………………………………………………………………………………….

Date: ……………………………………….

Office use only

RECEPTIONIST USE ONLY	Initial	Date
I have printed off the required information and handed to the above named patient		
I have seen photographic ID from the patient upon handing over documents		
Secretary has produced information and is ready for collection by patient		
Medical records have been coded 8MA		

Section 2 (If you are requesting on a patients behalf)

Please enter details of applicant if different from Section 1

Surname		Forename	
Date of Birth		Contact telephone number	
Address			

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 GDPR.

	Please Tick:
I have been asked to act by the patient and attach the patient's written authorisation	
I have full parental responsibility for the patient and the patient is under the age of 18 and: ▪ has consented to my making this request, or ▪ is incapable of understanding the request (delete as appropriate)	
I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	
I am acting *in loco parentis* and the patient is incapable of understanding the request	
I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)	
I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment	
I have a claim arising from the person's death (Please state details below):	

Signature of applicant on behalf of patient: ....

Date: …………………………..

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.