Schopwick Surgery

Patient Access to Medical Records - Request Form

Access to Health Records under the General Data Protection Regulations 2018(Subject Access Request)

Patient's authority consent form for release of health records (Manual or Computerised Health Records)

(**Please complete all details in dark ink**) **Photo ID will be required, a text message will be sent separately.**

PLEASE NOTE: This service can take up to **28 working days**, from receipt of completed form, if you provide a mobile number, we can text you to provide updates, if required.

Once completed further requests may incur a fee – see website

If you are applying for records for a child under 16, you MUST provide proof of parental responsibility e.g., birth/adoption certificate with this request form, to enable us to process.

ALL children 13 and over need to sign the form

To: Schopwick Surgery Romeland Elstree Herts WD6 3BJ

Identity of individual about whom information is requested.

Full Name	Former name(s)
Current address	Former address (with dates of change)
Date of birth	NHS number (if known)
Contact phone number (including area code)	E-mail address:

What is being applied for

I am applying for an electronic copy to be emailed to me on the address provided below: ……	

If you would like to view a summary of your medical records via the NHS app, please visit www.schopwicksurgery.co.uk and complete an "Online Services" form. This will be processed within 2 weeks, and you will then be able to log on to account and view a summary of your records, you can also print and share the data from your account if needed.

Or send a request via patchs for a copy of your summary.

You do not have to give a reason for applying for access to your health records. However, please could you provide details regarding details of the information you require to access. Such information would be time periods and elements of your health records, along with details which you may feel have relevance i.e., consultant name, location, written diagnosis, and reports etc. Please use the back of this page if you need to add further information.

Dates and types of records:

Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access. (Proof of Identification will be needed)

I am applying to access my health records	
I have instructed my authorised representative to apply on my behalf	

If you are the patient's representative, please give details here:

Name and address of representative:
Contact number and E-mail:
Signature:

Signature of applicant 13 yrs and over…….……

Print name…….……

Date……..

Received by……. Date……..

GP Authorised (if required) Signature: ……. Date: ……

Please email the completed form to:
Schopwick.insurances@nhs.net

Birth Certificate attached: Y/N if applicable (children under 16)
Patients signature for ALL 13yrs old and over
Photo ID verification for ALL 16yrs old and over