

# The Royal Docks Medical Practice

## Patient Access to Medical Records - Request Form

General Data Protection Regulations- GDPR (Subject Access Request)

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

(please print all details and use dark ink)

To: Dr.....
 The Royal Docks Medical Practice Doctors: J.Lawrie, A.Patel, O.Cheng, D.Satyanarayana, A.Glinka , M.Hall, S.Patel, B. Weiske-Lippert, C. Belvin Practice Manager: L.Evans 21 East Ham Manor Way London E6 5NA

### 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: (optional)

**What is being applied for (tick as applicable). In doing so you understand you may have to pay a fee for access or copies of your records.**

I am applying for access to view my health records	<input type="checkbox"/>
I am applying for copies of my health record	<input type="checkbox"/>

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, along with details which

---

you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc. Please use the space on the following page to document this information:

**Dates and types of records:**

--

**Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access.**

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 .....**

**Print Name.....**

**Date.....**

**(Office use only) Date of application received .....**

**Received by .....**

**Signed: ..... Date: .....**

**Consent for children under 16 (Gillick Competence)**

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this form below.

**I am the Patient/Parent/Guardian (delete as necessary).**

**Signature**.....

**Full name**.....

**Address (if not the same as patient):**

.....  
.....  
.....

# **The Royal Docks Medical Practice**

## **Patient Access to Medical Records/Subject to access – Information Leaflet**

### **General Data Protection Regulations – GDPR (Subject Access Request)**

GDPR previously known as The Data Protection Act 1998 gives every living person, or an authorised representative, the right to apply for access to their health records.

A request for your medical health records held at The Royal Docks Medical Practice can be made verbally, we would advise that a request may be dealt with more efficiently and effectively if it is made in writing, please use the Subject Access Request form. Requests that are made directly by you should be accompanied by evidence of your identity. If this is not provided, we may contact you to ask that such evidence be forwarded before we comply with the request.

Requests made in relation to your data from a third party should be accompanied by evidence that the third party is able to act on your behalf. If this is not provided, we may contact the third party to ask that such evidence be forwarded before we comply with the request.

**A request can be made electronically** (to the data controller who is The Royal Docks Medical