Margaret Thompson Medical Centre

Copy Medical Record Request Form

**General Data Protection Regulation (EU) 2016/679 & Data Protection Act**

**This form should be filled out in block capitals or in type.**

**Details of the person whose records are being requested**

|  |  |
| --- | --- |
| Full name of patient  (including former name(s) | **Former Name:** |
| Date of Birth |  |
| NHS number (if known) |  |
| Current address |  |
| Tel number |  |
| Former Address (if applicable) |  |

**Please tell us who you are**

|  |  |
| --- | --- |
| The patient |  |
| Acting on behalf of the patient and have the patient’s written permission and authorization (please attach a note that we may verify this further) |  |
| The parent or guardian of this patient |  |
| The deceased patient’s personal representative and attach confirmation |  |
| Other: please specify |  |

**Important information**

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

**Please tell us what you would like to access (please tick)**

|  |  |
| --- | --- |
| I am applying for access to view my paper records only |  |
| I am applying for access to view my paper and computer records |  |
| I am applying for copies of my health records |  |

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

**Below is an example of using the space provided**

Example:

1st March 1993 – 31st 1995 – all my GP notes and the consultant reports to my GP concerning back pain within this period.

I am applying to access my health records under the General Data Protection Regulation (EU) 2016/679 2018.

Signed ………………………………………

Date……………………………………

**Proof of Identity**

Evidence of the patient or the patient’s representative identity will be required. This will be in the form of two documents (one of which should contain a photograph). Examples are given below:

|  |  |
| --- | --- |
| **Type of applicant** | **Types of documentation needed** |
| An individual applying for their own records | Two copies of identification required e.g. copy of birth certificate, passport, driving license. Together these must clearly show your name, current postal address, date of birth and signature. |
| Someone applying on behalf of an individual | One item of proof of the patient’s identity and one item of proof of the patient’s representative identity (examples above) |
| Person with parental responsibility applying on behalf of their child | Copy of birth certificate, correspondence address to the person with parental responsibility relating to the patient |
| Power of attorney/agent applying on behalf of an individual | Copy of court order authorizing power of attorney/agent plus proof of the patient’s identity (examples above) |

Please return this form to Anne Meacock The Margaret Thompson Medical Centre, 104 East Millwood Road, Speke, Liverpool, L24 6TH

If you are posting this request, **please mark your envelope “Private and Confidential” and “SAR request”**