

**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS**

in accordance with the General Data Protection Regulation (GDPR)

DATA SUBJECT ACCESS REQUEST

**Section 1: Patient details**

|  |  |
| --- | --- |
| Surname: |  |
| Forename: |  |
| Date of Birth: |  |
| NHS number (if known): |  |
| Telephone number: |  |
| Address (including postcode): |  |

**Section 2: Record requested**

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)

|  |  |
| --- | --- |
| Please provide me with a copy of records between the dates specified |  |
| Please provide me with a copy of records relating to the incident specified |  |
| Please provide me with a copy of records relating to the condition specified |  |
| Please provide me with a copy of all records held (please note that this may consider the timescale for our response considerably) |  |

**Please note that we aim to respond to requests within 28 days. If your request will take longer than this to process we will let you know within one month of receipt of the request.**

**Section 3: Signature of applicant**

Signature of applicant: ...................................................... Date: ………………………..