

# Subject Access Request Form / Access to Health Records

Stoneham Lane Surgery respect the rights of individuals to have copies of their information wherever possible.

Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request / Access to Health Records.



**Charges Payable:** In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our "reasonable administrative charges" in order to comply with your request.

**PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.**

1. Details of Patient records to be accessed (Please complete one form per person)	
Surname	Date of Birth
Forename(s)	Current Address
Any former names (If Applicable)	Full Postcode
Contact TEL Number/s	Previous Address (If Applicable)
NHS Number (If known/relevant)	Full Postcode

2. Details of Records to be Accessed	
<b>Please state below if you require FULL MEDICAL RECORDS or SPECIFIC DATES</b>	
I understand that the whole of my medical record including all correspondence, test results and details of every consultation will be made available to me to collect from Stoneham, Lane Surgery	
1. Full Medical Records	YES / NO
2. Specific Dates	From _____ To _____
3. Reason for request <i>Please include as much detail as possible using a separate cover note if necessary</i>	

3. Details of Agent (Complete solicitors or insurance company details)	
Agent Name	
Company Name	
Relationship with individual who's records have been requested	
<b>Agents Address &amp; Postcode:</b>	
<b>Agents Contact TEL:</b>	
<b>Agents Email:</b>	

<b>4.</b>	<b>Authorisation to release to applicant</b> (to be completed by the patient if not making their own request)
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I (Print name) \_\_\_\_\_

Hereby authorise **Stoneham Lane Surgery** to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.

Signature of patient :

Date:

<b>5.</b>	<b>Declaration</b>
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I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act.

**Please select one box below:**

- I am the patient (data subject).
- I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.
- I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).
- I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)
- I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.
- I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order (attached).
- I am the deceased patient's personal representative and attach confirmation of my appointment.
- I have a claim arising from the patient death and wish to access information relevant to my claim (Covering letter with further details to be supplied).

**Please Note:**

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It will also be necessary to provide evidence of your identity (i.e. Passport / Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the Data Protection Act, requests will be responded to within a calendar month after receiving all necessary information and/or fee required to process the request.
- If you are making a request under the Access to Health Records Act 1990, requests will be responded to within 40 days where no entries have been made to the patient/client's record 40 days immediately preceding the date of this request, otherwise requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
- Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

<b>Print Name</b>	<b>Signed (Applicant)</b>	<b>Date</b>	
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**Please fully complete & return this form with Photo ID  
(e.g Driving Licence or passport) as we need to verify your identity to:  
Stoneham Lane Surgery, City Gateway, Parkville Road, Southampton SO16 2JA**