

**Application form for access to Health Records
General Data Protection Regulations (GDPR) Article 15**

Details of the records to be accessed

Hospital

Patient Surname Forename(s)

(Include Title)

Date of Birth/ / Email Address*

Patient Address:

.....

Hospital ref No if known..... NHS No if known.....

(*Email address will only be used to contact you about your request)

Please state which records you require including dates wherever possible, including approx. dates.

Please also indicate if the following are required:

X-Rays X-Ray reports.....

Details of Applicant (if different from above) Relationship to patient

Surname Forename

Address

.....

Declaration: I declare that the information I have given is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the GDPR. I also declare that:-

- I am the patient
- I am acting in loco parentis and the patient is under 13 years of age and is incapable of understanding this request / has consented to me making this request and that consent is attached
- I have been asked to act on behalf of the patient and attach the patient's written authorisation
- I am the executor of the patients estate (the patient left a will) or administrator of the estate (if there is no will)

PLEASE NOTE ONE OF THE ABOVE STATEMENTS MUST BE TICKED

SignatureDate

P.T.O.

WARNING
YOU ARE ADVISED THAT THE MAKING OF UNTRUE STATEMENTS IN ORDER TO SECURE ACCESS TO PERSONAL INFORMATION TO WHICH YOU ARE NOT ENTITLED IS A CRIMINAL OFFENCE

THE FOLLOWING SECTION MUST BE COMPLETED BY AN INDEPENDENT WITNESS IN RESPECT OF ALL APPLICATIONS MADE

Certification I certify that I am (Name)

Of (Address)
.....

and that I have known the applicant for years as an employee / client / patient / personal friend and have witnessed the applicant sign this form

Signed Date/...../.....

Details of documentation provided to confirm identity of applicant:

Please note that two forms of identification are required from the following – passport, driving licence, birth certificate, utility bill from the last three months, your current vehicle registration document, bank statement from last three months, rent book from the last three months or current year’s council tax bill. **Please send COPIES only, no originals.**

.....
.....

Once completed, please return this form to: Subject Access Office, First Floor, Murray Building, James Cook University Hospital, Marton Road, Middlesbrough TS4 3BW.

Official Use Only

Print name Signed Date/...../.....

Proof of ID seen:

Health Professional advising (Name)

Access provided on (date)/...../.....

Further Action:	Corrections requested	Yes / No
	Applicant Notified of outcome	Yes / No
	Copies Provided	Yes / No

Comments

Signature Date/...../.....

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