Devonshire Green Medical Centre
126 Devonshire Street
Sheffield, S3 7SF
Tel. 0114 272 0255

Hanover Medical Centre
100 William Street
Sheffield, S10 2EB
Tel. 0114 272 2248

APPLICATION FOR ACCESS TO MEDICAL RECORDS

Surname	Forename(s)
Date of Birth	**NHS Number**
Address	

Details of the person who wishes to access the records if different to above

Surname	Forename(s)
Address	
Telephone number	
Relationship to patient	

Declaration: I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to as above under the Data Protection Act 1998 and General Data Protection Regulation 2018.

Please select the following statements which apply:

☐ I am the patient

☐ I have been asked to act by the patient and I attach the patient's written consent

☐ I am acting in loco parentis and the patient is under the age of sixteen and is incapable of understanding the request/has consented to me making the request. (delete as applicable)

☐ I am the deceased patient's Personal Representative and attach confirmation of my appointment.

☐ I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds of _____

Your signature _____   Date_____

DETAILS OF MY APPLICATION

Patient to complete:

I am applying for access to view my records only	
I am applying for copies of my medical records	
I have instructed someone else to apply on my behalf	

Under the General Data Protection Regulations you do not have to give a reason for applying for access to your health records.

Optional – Please use this space below to inform us of certain periods and parts of your health records which you may require. This may include specific dates, consultant name and location, and parts if the records you require e.g. written reports.

I would like a copy of all my records	
I would like a copy of my records between specific dates only (Please in date dates From _____ to _____	
I would like a copy of records relation to a specific condition/specific incident only (Please give details in the space below)	

Office use only

Date request Received	
ID seen	
Emis No	
Date complete	
Initial	