

ACCESS TO MEDICAL RECORDS APPLICATION FORM

Please fill in this application using BLOCK CAPITALS. Please fill in all sections as fully and accurately as you can.

SECTION 1: PATIENT DETAILS OF THE PERSON THIS ACCESS IS ABOUT

Last Name:		First Name:	
Address & Postcode:			
Date of Birth:			
Contact Phone Number:			
CHI (community health index if known)			

SECTION 2: INFORMATION YOU WANT TO ACCESS

Please give details in the box below of records or information you want to access.

Please tick the appropriate box (below) to show which information you want and the format you would like the information in (discuss this with staff if you are not sure).

Details	Manual (paper)	Computerised
Make an appointment to view original records only	<input type="checkbox"/>	<input type="checkbox"/>
Ask for a copy	<input type="checkbox"/>	<input type="checkbox"/>
Make an appointment to view the originals and obtain a copy	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: WHO IS APPLYING FOR ACCESS TO THE INFORMATION

Please tick the relevant box that applies:

- I am the person named in Section 1 **Go to Section 6**
- I have been asked to act on behalf of the person named in Section 1, and that person has filled in Section 5. **Go to Section 4**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and has a general understanding of what it means to request access to personal information (in Scotland, the law presumes this for children aged 12 years and above), and they have filled in Section 5 **Go to Section 4**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and is not able to understand the request **Go to Section 6**
- I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this (**please provide a certified copy**) **Go to Section 7**
- I hold a welfare power of attorney in relation to the person named in Section 1 and enclose proof of this (**please provide a certified copy**) **Go to Section 7**

SECTION 4: DETAILS OF THE PERSON ACTING ON BEHALF OF OTHERS

You must fill in this section if the person named in Section 1 has given you permission to act on their behalf

Name (please print)	
Address and postcode we should send reply to	
Contact phone number	

Now please complete Section 5

SECTION 5: PERMISSION

You must fill in this section if you are the person named in Section 1 and you have given the person named in Section 4 permission to act on your behalf.

I give you, **Riccarton General Practice**, permission to give _____
(*enter the name of the person acting on your behalf*) the personal information requested in this form.
I have given them permission to act on my behalf.

Signature: _____

Date: / /

Print Name: _____

Now go to Section 6

SECTION 6: IDENTIFICATION

Everyone must complete this section UNLESS you are providing:

- A certified copy of a Power of Attorney document
- A certified copy of a Guardianship Order

The information we hold is confidential and we must get proof of your identity and your right to receive any relevant information. We require proof of identification and current address. The following is a list of documents we will accept:

Proof of ID

- The identification/photographic page from a current passport
- The identification/photographic section of a current driving licence
- Other forms of photo ID including travel pass, work badge

Proof of Address

- A recent utility bill or bank statement
- Your current rental agreement
- A recent pay slips

Please do not send original documents. Any financial details can be blacked out or removed.

SECTION 7: DECLARATION

Releasing information

Keeping personal information confidential and secure is extremely important to us.

We use recorded delivery to send documents by post. If you choose to collect the information in person please ensure you have arranged a time with a member of staff and bring along two forms of identification with you, including one which has your photograph on (see description in Section 6 detailing what we will accept).

Please note: if a fee is incurred in complying with this request, we will not release information until we have received your payment. *(Please see our information leaflet for more information)*

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of General Data Protection Legislation.

I declare that, as far as I know, the information I have given on this form is correct and that I am entitled to apply for access under the conditions of Data Protection Legislation.

Signature: _____

Print Name: _____

Date: / /