



## APPLICATION FORM FOR ACCESS TO HEALTH RECORDS IN ACCORDANCE WITH GDPR

### DATA SUBJECT ACCESS REQUEST

#### Section 1: Patient details

1. Name: Enter full name here.
2. Date of Birth: Click or tap to enter your date of birth.
3. NHS number (if known): Enter NHS number here.
4. Mobile number: Enter mobile number here.

#### Section 2: Record requested

Please tick 1 of the below options:

- Please provide me with a copy of all records held
- Please provide me with a copy of records between the dates specified below:

Click or tap to select start date to Click or tap to select end date.

#### Section 3: Format in which to receive your medical records

Please tick 1 of the below options:

- Online Access via SystemOnline

We advise this option as you can simply log-in online and view your up-to-date record at any time you wish and can share it with whoever you wish too. By having online access to your record, you can also take advantage of being able to request your repeat medication and book appointments.

- Electronically via encrypted E-Mail

#### Your email address:

- Other:



**Section 4: Proof of identity**

Please indicate how proof of ID has been confirmed:

- Attached copies of documents – Section 4A **OR**  Countersignature – Section 4B

**4A – Evidence**

Evidence of the patient’s identity will be required. Please attach copies of the required documentation to this application form. You will need 2 forms if ID in total:

2 copies of either: birth certificate, passport, driving licence, utility bill or medical card, etc.

**4B – Countersignature**

**This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A cannot be fulfilled.**

I,  Click or tap to enter full name, certify that the applicant,  Click or tap to enter full name.

Has been known to me personally as  Click or tap here to enter text. for e.g. 10 years  
(Insert in what capacity, e.g. employee, client, patient, relative etc.)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Signed ..... Date ..... Mobile number .....

Name ..... Profession .....

Address .....

**For Applicant Use Only**

Signed ..... Date .....

**You are advised that the making of false or misleading statements to obtain personal information to which you are not entitled, is a criminal offence which could lead to prosecution.**



**For Staff Use Only**

I ..... can confirm I have received adequate proof of identity as detailed in section 5 of the DSAR form or have personally vouched for the applicant's identity.

Signed ..... Date .....