SOUTH COAST MEDICAL GROUP

APPLICATION FORM FOR ACCESS TO HEALTH RECORDS IN ACCORDANCE WITH GDPR

DATA SUBJECT ACCESS REQUEST

Section 1: Patient Details

1. Name: ……………………………………………………………………………………………
2. Date of Birth: ……………………………………………………………………………………
3. NHS Number (if known): ……………………………………………………………………….
4. Mobile Number: …………………………………………………………………………………

Section 2: Record/Access Request
Please select one of the following options:

- Please grant me access to SystmOnline ☐
- Please provide me with a copy of all records held ☐
- Please provide me with a copy of records between the dates specified below ☐

………

Section 3: Format in which to receive records:
Please select one of the following options:

- Online Access via SystmOnline ☐

We advise this option as you can simply log-in online and view your records at any time you wish and can share it with whoever you wish to. 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 Email ☐
- Other ……………………………………………………………………………………………

Section 4: Proof of Identity
Please indicate below how your identity has been confirmed:

- Copy of documents (complete section 4A) ☐
- Countersignature (complete section 4B) ☐

Section 4A: Copy of Documents

Evidence of the patient's identity will be required. Please attach copies of the required documentation to this application form. You will need 2 copies of either: birth certificate, passport, driving licence, utility bill or medical card, etc.

Section 4B: Countersignature

This section must be completed by somebody (other than a member of your family) who can vouch for your identity. Only complete this section if section 4A cannot be fulfilled.

I, ……………………………………………., certify that the applicant, …………………………………………… (full name)

has been known to me personally as ……………………………………… for…………. years (insert in what capacity,

e.g employee, client, patient, 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.

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 4 of the DSAR form or have personally vouched for the applicant's identity.

Signed…………………………………………………………………….. Date……………………………………………………………...