SOUTH COAST MEDICAL GROUP

APPLICATION FORM FOR ACCESS TO HEALTH RECORDS IN ACCORDANCE WITH GDPR

DATA SUBJECT ACCESS REQUEST

Section 1: Patient Details

- Name: ……
- Date of Birth: ……
- NHS Number (if known): ……
- Mobile Number: ……

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

1) Please grant me access to SystmOnline ☐

We recommend this option, as it allows you to log in online and view your prospective records at any time. You can also choose to share your records with anyone you wish. By having online access to your records, you can request repeat prescriptions and manage your appointments online.

2) Please provide me with a copy of all records held ☐

Please indicate the format in which you would like to receive your medical records.

- Access via SystmOnline ☐
- Printout ☐

3) Please provide me with a copy of records between the dates specified below ☐

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Please indicate the format in which you would like to receive your medical records.

- Electronically via encrypted Email, **Email address** …… ☐
- Printout ☐

Section 3: Proof of Identity
Please indicate below how your identity has been confirmed:

- Copy of documents (complete section 3A) ☐
- Countersignature (complete section 3B) ☐

Section 3A: 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 3B: 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……

……

<u>For Applicant Use Only</u>

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.

<u>For Staff Use Only</u>

I, ……, can confirm I have received adequate proof of identity as detailed in section 3 of the DSAR form or have personally vouched for the applicant's identity.

Signed…….. Date…….