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REQUEST FOR ACCESS TO HEALTH RECORDS

Thank you for your enquiry

Please find enclosed a form to be completed and return as soon as possible. Following receipt of your completed application form I will aim to provide you with access to the health records within 40 days of your request being made and any necessary fee being paid.

Please note that whilst every effort will be made to provide you with access to health records, the record holder reserves the right to refuse access if it is felt that it would cause serious harm to the physical or mental health of you or anyone else.

You may also be refused access where health records contain information about a third party or where the author of the information requests their consent be sought prior to access. In this situation we will refer you to the author.

When requesting access to health records of someone who has died, your rights are different. As the confidentiality survives a patient's death, then you have to have clear reasons for wanting access. This may be because you are:

- The patient's personal representative
- An executor of their will
- A person granted letters of administration by the probate registry, or
- A person with a claim arising out of the patient's death

If you have any queries please do not hesitate to contact Teresa Kenny, Secretary Manager.

David Nicholson

Practice Manager

APPLICATION FOR ACCESS TO MEDICAL RECORDS

Data Protection Act 1998 Subject Access Request

Details of the Record to be Accessed:			
Patient Surname	NHS Number		
Foregraph (a)	Address		
Forename(s) Date of Birth	Address		
Butte of Birth			
Details of the Person who wishes to access the records, if different to above:			
Surname	le records, il different to above:		
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 above under the terms of the Data Protection Act 1998. Tick which ever of the following statements apply. I am the patient. I have been asked to act by the patient and attach the patient's written authorisation. I am acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request. (*delete as appropriate).			
 I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that (please supply your reasons below). 			
Applicant signatureDateDate			
Details of Application			
Patient to complete	(please tick as		
appropriate)			
I am applying for access to view my records or	alv I		
I am applying for copies of my medical record	ii y		
I have instructed someone else to apply on my	v behalf		

I have attached the appropriate fee

Notes:

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records.

Under the Access to Health Records Act you will/will not need to give reasons for applying for access to a deceased person's health records.

You may be asked to provide photographic identification.

Optional - Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in lower fee charges and a quicker response.

I would like a copy of all records	
I would like a copy of records between specific dates only (please give date range) below	
I would like copy records relating to a specific condition / specific incident only (please detail below)	

NOTE: There is a fee of £10 for access to electronic records, or a charge of £50 for a full set of medical records. The fee must be provided on receipt of medical records.