

# Request for Medical Records

In order to protect the privacy of the Data Subject (individual) who this request is about and in line with the requirements of the Access to Health Record Act 1990, Data Protection and confidentiality legislation, OneMedical Group needs to ensure we provide the records and information only relating to the Data Subject. A Subject Access Request (SAR) or Freedom of Information (FOI) can be made by completing and submitting this form.

## Who is completing the form?

Please select whether you are filling this form in for yourself as the data subject or for somebody else as their authorised person.

- ☐ **I am the data subject.** I am completing this form to request information about myself.
- ☐ **I am an authorised person.** I am completing this form to request information about somebody else with their authorisation, or because they are deceased.

## Details of the Data Subject

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below.

**GP Practice name and address (required):** .....

.....

**Title:** Mr / Mrs / Miss / Ms / Other (please state) .....

**First Name/s:** ..... **Last Name:** .....

**Previous name (if applicable):** .....

**Date of birth:** ..... **NHS number (if known):** .....

**Address:** .....

..... **Postcode:** .....

**Phone number:** ..... **Mobile number:** .....

**Email address (optional):** .....

If you only want to know what information is held regarding a particular care episode and/or between certain dates,

please specify below:

**Signature:** ..... **Date:** .....

## Details of the Requester if you are not the Data Subject

Please fill in your details (the requester) if you are applying on behalf of someone else (the data subject).

Title: Mr / Mrs / Ms / Miss / Other (please state): .....

First Name/s: ..... Last Name: .....

Address: .....

..... Postcode: .....

Phone number: ..... Mobile number: .....

Email address (optional): .....

Please tick the relevant boxes below:

1. ☐ I am acting for a service user who does not have the capacity to consent, and I am the appropriate person to act as representative of the data subject

a. Please clarify relationship to the data subject: .....

b. Please provide the reason why the service user does not have capacity to consent and enclose supporting evidence (where applicable, e.g. Lasting Power of Attorney):

.....

.....

2. ☐ The data subject is deceased\* and I am:

☐ **Their personal representative.** I attach legal documents confirming my appointment (i.e. Grant of Probate, Letters of Administration, Letter from Solicitor)

**OR**

☐ **I have a claim resulting from the death**, e.g. relative or other person. Please clarify your relationship to the deceased and the subject of the claim. *Only information directly relevant to the claim will be disclosed.*

.....

3. ☐ I have been asked to act as the representative for the appropriate person (where the service user does not have capacity to consent: 2 above; or is deceased: 3 above) to make this request on their behalf.

*Please clarify the appropriate person's relationship to the service user, and provide any supporting evidence (where applicable)*

.....

Signature: ..... Date: .....

*\* The Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR) only apply to living individuals and therefore cannot be used to access personal information for a deceased person. This means that any request for a deceased's personal information will be dealt with under the **Freedom of Information Act 2000 (FOIA)**. However, this does not mean that there is an automatic right of access to the deceased's personal information as some exemptions may be applicable. Access to a deceased person's records is governed by the Access to Health Records Act (1990)*

## Proof of identity

We require proof of identity before we can disclose personal data. Proof of identity should include a confirmation of name, e.g. full driving licence, passport, birth certificate, marriage certificate HSCIC identity card and confirmation of address e.g. utility bill, bank statement, credit card statement (dated within the last three months).

If you have changed your name, please supply relevant documents evidencing the change.

Proof of identity documents provided with this request:

1. ....
2. ....

## Supporting documentation

Supporting documentation enclosed (list):

3. ....
4. ....

## Checklist

Before you complete the declaration section please check:

- ☐ Is your contact information correct?
- ☐ Have you completed all the relevant sections?
- ☐ Have you provided the supporting documentation required?

## Declaration

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 13, all persons named on this form should confirm that the information that has been supplied in this application is correct and you are the person to whom it relates or acting on behalf of.

☐ I certify that the information that the information provided on this form is correct to the best of my knowledge. I understand that OneMedical Group is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

☐ I understand that this request can take one calendar month to complete (or 40 days if the request is for deceased records) and that I will need to supply and/or bring in photographic identification before the medical records can be supplied.

Signature: ..... Date: .....

## **OFFICE USE ONLY**

**SAR APPLICATION RECIEVED DATE :** .....

**SAR APPLICATION COMPLETED DATE :** .....

**SAR APPLICATION VERIFIED FOR RELEASE SIGNATURE :** .....

**PATIENT I.D VERIFIED BY** ..... **DATE :** .....