**APPLICATION FOR ACCESS TO MEDICAL RECORDS (SAR)**

**In accordance with the UK General Data Protection Regulation (UK GDPR)**

**Section 1: Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Email** |  |
| **Forename** |  | **Title** |  |
| **Date of birth** |  | **Address:** |  |
| **Telephone number** |  | **Postcode:** |  |
| **NHS number (if known)** |  | **Hospital number (if known)** |  |

**If you are applying to view your own records, please go to Section 2.**

**If you are applying to view another person’s record, please go to Section 3.**

**Section 2: Record requested**

Please tick the relevant boxes below. The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g., leg injury following a car accident)

|  |  |
| --- | --- |
| I am applying for access to **view** my records only |  |
| I am applying for an electronic copy of my medical record |  |
| I am applying for a printed copy of my medical record |  |

Please specify what information you are requesting:

|  |  |
| --- | --- |
| I would like a copy of records between specific dates only (please give dates below) |  |
| I would like a copy of records relating to a specific condition/specific incident only (please detail below) |  |
| I would like a copy of all my electronic records (held on computer) |  |
| I would like a copy of all my electronic and paper records since birth |  |
| Other (please specify) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient signature** |  | **Date** |  |

**Section 3: Details and Declaration of Applicant**

Please complete if you are requesting access on **behalf of** the above-named patient

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Title** |  |
| **Forename(s)** |  | **Address** |  |
| **Telephone number** |  | **Postcode** |  |
| **Relationship to Patient** |  | | |

(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

|  |  |
| --- | --- |
| I am applying for access to **view** the records only |  |
| I am applying for an electronic copy of the medical record |  |
| I am applying for a printed copy of the medical record |  |

Please specify what information you are requesting:

|  |  |
| --- | --- |
| I would like a copy of records between specific dates only (please give dates below) |  |
| I would like a copy of records relating to a specific condition/specific incident only (please detail below) |  |
| I would like a copy of all the electronic records (held on computer) |  |
| I would like a copy of all the electronic and paper records since birth |  |
| Other (please specify) |  |

**Reason for access:**

|  |  |
| --- | --- |
| I have been asked to act by the patient |  |
| I have full parental responsibility for the patient and the patient is under the age of 18 and:   * Has consented to my making this request, or * Is incapable of understanding the request (delete as appropriate) |  |
| I have been appointed by the Court to manage the patient’s affairs and attach a certified copy of the court order appointing me to do so |  |
| I am acting *in loco parentis* and the patient is incapable of understanding the request |  |
| I am the deceased person’s personal representative and attach confirmation of my appointment (grant of probate/letters of administration) |  |
| I have written, and witnessed, consent from the deceased person’s personal  representative and attach Proof of Appointment |  |
| I have a claim arising from the person’s death (please state details below) |  |

**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 UK [Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted).

You are advised that the making of false or misleading statements in order to obtain

personal information to which you are not entitled is a criminal offence which could lead to prosecution.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that I give permission for the organisation to communicate with the person identified above regarding my medical records** | | | |
| **Patient signature** |  | **Date** |  |

**Section 4: Proof of identity**

Under the [Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted) you do not have to give a reason for applying for access to your health records.

Patients with capacity and proxy nominees will be asked to provide two forms of identification one of which must be photographic identification. Please speak to reception if you are unable to provide this.

**IDENTIFCATION**

**Please supply photocopies (please do not send originals) of identification documents:**

* **One form of personal photo ID**
* **Proof of your address**

**Acceptable Photo Personal Identity Documents:**

* **Current UK (Channel Islands, Isle of Man or Irish) passport or EU/other nationalities passports.**
* **Passports of non-EU nationals containing UK stamps, a visa or a UK residence permit showing the immigration status of the holder in the UK\***
* **Current UK (or EU/other nationalities) Photo-card Driving Licence (providing that the person checking is confident that non-UK Photo-card Driving Licences are genuine)**
* **A national ID card and/or other valid documentation relating to immigration status and permission to work\*.**

**Where the applicant is not able to provide acceptable photographic ID the**

**following must be provided:-**

* **One form of non-photographic personal identification and one document confirming the address must be provided from different sources.**
* **A passport sized photograph, endorsed on the back with a signature of a ‘person of standing’ who has known them for at least 3 years (e.g. magistrate, medical practitioner, officer of the armed forces, teacher, lawyer or civil servant)**

***Any document not listed above is not an acceptable form of identification e.g. organisational ID card.***

**Acceptable Non-Photo Personal Identity Documents**

* **Full UK birth certificate – issued within 6 weeks of birth**
* **Current full driving license (old version); (provisional driving licenses are not acceptable)**
* **Residence permit issued by Home Office to EU Nationals on inspection of own-country passport**
* **Adoption certificate**
* **Marriage / civil partnership certificate**
* **Divorce or annulment papers**
* **Police registration document**
* **Certificate of employment in HM Forces**
* **Current benefit book or card or original notification letter from the Department of Work and Pensions (DWP) confirming legal right to benefit**
* **Most recent HM Revenues and Customs (previously Inland Revenue) tax notification**
* **Current firearms certificate**
* **Application Registration Card (ARC) issued to people seeking asylum in the UK (or previously issued standard acknowledgement letters, SAL1 or SAL2 forms)**
* **GV3 form issued to people who want to travel in the UK without valid travel documents**
* **Home Office letter IS KOS EX or KOS EX2**
* **Building industry sub-contractor’s certificate issued by HM Revenues and Customs (previously Inland Revenue)**

**To confirm address, the following documents are acceptable:**

* **Recent utility bill or a certificate from a supplier of utilities confirming the arrangement to pay for the services on pre-payment terms (note: mobile telephone bills must not be accepted as they can be sent to different addresses).**
* **Utility bills in joint names are permissible;\***
* **Local authority tax bill (valid for current year);\***
* **Current UK photocard driving licence (if not already presented as a personal ID document);**
* **Current Full UK driving licence (old version) (if not already presented as a personal ID document);**
* **Bank, building society or credit union statement or passbook containing current address;**
* **Most recent mortgage statement from a recognised lender;\***
* **Current local council rent card or tenancy agreement;**
* **Current benefit book or card or original notification letter from Department of Work and Pensions (DWP) confirming the rights to benefit;**
* **Confirmation from an electoral register search that a person of that name lives at the claimed address;\***
* **Court Order.\***

**\*The date on these documents must be within the last 6 months (unless there is a good reason for it not to be e.g. clear evidence that the person was not living in the UK for 6 months or more) and the must contain the name and address of the applicant.**

**Section 5: Consent for children**

If a child aged 13 or over has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Parents may have access to their children’s records if this is not contrary to a child’s best interests or a competent child’s wishes. For children under 18 or, in Scotland under 16, any person with parental responsibility may apply for access to the records.

Where a child is competent, they are entitled to make or consent to a SAR to access their record. Children aged over 16 years are presumed to be competent. Children under 16 in England, Wales and Northern Ireland must demonstrate that they have sufficient understanding of what is proposed in order to be entitled to make or consent to an SAR. However, children who are aged 12 or over are generally expected to have the competence to give or withhold their consent to the release of information from their health records.

They may wish a parent to countersign as well.

Young people aged 16 and 17 are legally competent and may therefore sign this consent form for themselves but may wish a parent to countersign as well.

If the child is under 18 and not able to give consent for him/herself, someone with parental responsibility may do so on his/her behalf by signing this form below.

|  |  |
| --- | --- |
| **I am the patient aged 13 – 18 years** | |
| **Signature** |  |
| **I am the parent/guardian/person with parental responsibility (delete as necessary)** | |
| **Signature** |  |
| **Full name** |  |
| **Address** |  |
| **Date** |  |

You will be telephoned when the copies are ready for collection or posting.

**ADDITIONAL NOTES:**

Before returning this form, please ensure that you:

* Have signed and dated the form
* Are able to provide proof of your identity or alternatively confirmed your identity by a countersignature
* Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

**Please send your completed application form, copies of relevant identification documentation to the following address:**

**FAO: Medical Records Team**

**Herne Hill Group Practice**

**74 Herne Hill**

**London**

**SE24 9QP**

**You can also deliver it in person or e-mail to:**

**E-mail:** [selicb.hernehillgp@nhs.net](mailto:selicb.hernehillgp@nhs.net)

**The requests are dealt with within 30 days of the request and may take longer if paper copies are requested.**

**Note that only the first copy is free however further copies will incur fees.**

**For office use only:**

**Identification verification must be verified through 2 forms of ID**

* One of which must contain a photo e.g., passport, photo driving licence or bank statement.

Where this is not available, vouching by a member of staff or by confirmation of information in the records by one of the clinicians may be used.

If this is a proxy request, where patient has capacity, both patient and proxy should provide identification as above in person.

|  |  |  |  |
| --- | --- | --- | --- |
| Request received |  | Request refused |  |
| Reviewed by |  | Request completed |  |
| Fee (see section 6.4) |  | Date sent |  |
| Comments |  | | |
| Patient identity verified by |  | Date |  |
| Method |  Photo ID or proof of residence – Type ………………………………..   Photo ID or proof of residence – Type ………………………………..   Vouching – by whom ……………………………………………………   Vouching with information in record – by whom …………………… | | |
| Proxy identity verified by |  | Date |  |
| Method |  Photo ID or proof of residence – Type ………………………………..   Photo ID or proof of residence – Type ………………………………..   Vouching – by whom ……………………………………………………   Vouching with information in record – by whom …………………… | | |