GP partners:-
Dr Zoe Marsh **GMC 6078650**
Dr Archana Dhir **GMC 4786887**
Dr Julia White **GMC 7017478**
Dr Eylem Akcan Hannan **GMC 7159577**

Salaried GPs:-
Dr Julie O'Donoghue **GMC 4413013**
Dr Abigail Smith **GMC 7421979**

The Fairfields Practice
The Mary Potter Centre
Gregory Boulevard
Nottingham
NG7 5HY

Telephone 0115 942 4352

Form – Request for Access to Records (SAR)

The **Access to Health Records Act 1990** and **Data Protection Act** give patients/clients or their representatives a right of access, subjection to certain exemptions, to their health records. The Fairfields Practice respects the rights of individuals to have copies of their information wherever possible.

Personal information collected from you by this form is required to enable your request to be processed. This personal information will only be used in connection with the processing of this **Subject Access Request.**

Charges payable
In accordance with legislation **no fee** will be charged for your request, unless the request is **manifestly unfounded or excessive,** particularly if it is **repetitive.** Before any further action is taken, we will contact you with details of our **reasonable administrative charges** in order to comply with your request.

PLEASE COMPLETE IN BLOCK CAPITALS
Illegible forms will delay the time taken to respond to the request

1.

Details of the Patient whose records are to be accessed (please complete one form per person)									
Last Name:							Date of Birth:		
First name:							Address:		
Any previous names:									
Telephone numbers:									
Email address:									
Please confirm that you are happy for the records to be emailed to you: _____									
NHS Number (if known):									

2.

Details of records to be accessed			
Please tick one of the following:		Provide any relevant details	Provide any relevant dates
Vaccinations			
Blood test results			
Summary record to include: - Medication - Allergies - Active Problems			
Summary record to include: - Active problems - Significant past problems - Consultations within the last 12 months - Referrals within the last 12 months - Current medication - Test results in the last 12 months - Allergies - Vaccinations			
Specific date range for medical record			

3.

Information of the person requesting (ONLY IF NOT THE PATIENT)	
Full name	
Company (if applicable)	
Relationship to patient whose records have been requested	
Contact number	
Email address for the records to be sent to	

4.

Authorisation to release medical records (to be completed by the patient where they are not making their own request)
I (**print name**) _____ hereby authorise the Fairfields Practice to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.
Signature of patient: _____ Date: ____ / ____ / _____

5.

DECLARATION

I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act.

Please select one box below:

❑ I am the patient/client member (data subject).

❑ I have been asked to act on behalf of the data subject and they have completed section 4 - authorisation above.

❑ I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).

❑ I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)

❑ I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.

❑ I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).

❑ I am the deceased patient/client's personal representative and attach confirmation of my appointment.

❑ I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the Data Protection Act, requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
- For requests under the Access to Health Records Act 1990, requests will be responded to within 40 days where no entries have been made to the patient/client's record 40 days immediately preceding the date of this request, otherwise requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.

Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

Print name (Applicant)		**Signature (Applicant)**		**Date**	__ __ / __ __ / __ __ __ __

Please complete and send this document to:

The Fairfields Practice
Mary Potter Centre
Gregory Boulevard
Nottingham
NG7 5HY

OFFICE USE ONLY **EMIS no:-**	Date	Signed
Request Received		
Patient informed notes are ready to collect:		

Please complete this section only when you collect the records. ID is required at the point of collection.

I acknowledge receipt of copies of medical records for the above as requested under the Subject Access Request.

Name: _____

Signed: _____

Date: _____

Relationship if third party request: _____

ID checked: _____