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**Access Request Form**

By completing this form, you are making a request for information that the practice holds about the Data Subject, under the relevant legislation:

*General Data Protection Regulation; and/or Data Protection Act 2018;*

*and/or Access to Health Records Act 1990; and/or Access to Medical Reports Act 1988*

**Details of the Data Subject (patient or employee)**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | | |
| Email address |  | | |
| Telephone number: |  | Date of birth: |  |

**Details of the person who wishes to access the data, if different from the above**

|  |  |
| --- | --- |
| Full name: |  |
| Address & postcode: |  |
| Telephone number: |  |
| Relationship to Subject: |  |

**Please specify what the request relates to & the exact information you require:**

|  |
| --- |
| [e.g. relevant dates, specific events, medical conditions, hospital letters, or all records] |

I am [*please select that which applies*]: Signed: ……………………………………….

󠆾 the Data Subject Name: …………………………………………

󠆾 the Data Subject’s representative Date: ……………………….

In most cases, we will be able to complete your request within 28 days; we will let you know if this is not going to be possible. In some cases, we will require further information to process the request and there may be a charge; we will let you know as soon as possible.

*For reception use only:*

* I have checked the signatory’s photo ID 󠆾󠆾 and proof of address 󠆾󠆾 …………… [*initials*]