 **ROCHDALE ROAD MEDICAL CENTRE**

 **48a Rochdale Road, Middleton, Manchester, M24 2PU**

**Telephone: 0161 643 9131**

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**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS – SUBJECT ACCESS REQUEST**

As part of the general data protection regulations (GDPR), patients have a right to access their health records. You can have access to your records by one of the following methods:

* **Online Access** – We advise this option as you can simple log-in online and view your up-to-date record at any time you wish and can share it with whoever you wish too. By having online access to your record, you can also take advantage of being able to request your repeat medication and booking appointments too.
* **Emailed Records** – We can email your health records to you. This enables you to view your records and is also an eco-friendly and cost-effective method.
* **Printed Records** – We can also print your health records for you. This is an option however is not eco-friendly and is also costly to the practice. We therefore requests that you choose one of the options above.

Please now complete this application form below.

**Patient Details:**

NHS Number:

Date of birth:

Home Telephone:

Mobile Telephone:

Email Address:

Name:

Address:

 **Applicant Details:** (If different from above)

Name:

Date of birth:

Mobile/Home Telephone:

Address:

**Request For:** (please choose one option)

[ ] Online Access – Recommended.

[ ] Emailed Record – Recommended.

[ ] Printed Record - Not recommended. (See above)

**Records Requested:** (please choose one option)

[ ] My Full record – see below.

[ ] My records for these specific dates:

[ ] My records for these specific conditions:

[ ] My records for these specific events:

**Can we refuse to comply with a request?**

We can refuse to comply with a subject access request if it is manifestly unfounded or excessive, considering whether the request is repetitive in nature. If we consider that a request is manifestly unfounded or excessive we can:

* Request a “reasonable fee” to complete with the request.
* Refuse to complete the request.

In either circumstance we will justify our decision. If we decide to charge a fee, we will contact you and inform you of the likely costs. We do not need to comply with the request until the fee is received.

**How long do we take to comply?**

We will act on the subject access request without undue delay and at the latest within one month of receipt. We will calculate the time limit from the day after we receive the request (whether the day after is working day or not) until the corresponding calendar date in the next month.

**Can we extend the time for a response?**

We can extend the time to respond by a further two months if the request is complex or if we have received several requests from the patient. We will let you know within one month of receiving your request and explain why the extension is necessary.

**Declaration:** (Please tick the box(s) that apply to you)

[ ] I am the patient.

[ ] I have been asked to act by the patient and attach patients written authorization.

[ ] I have full parental responsibility for the patient and the patient is under the age of 16 and:

* [ ] Has consented to my making this request.
* [ ] Is incapable of understanding the request.

[ ] I have been appointed by the court to manage the patients’ affairs and attach a certified copy of the court order appointing me to do so.

[ ] I am the deceased person’s representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)

[ ] I have written, and witnessed, consent from the deceased personal representative and attach proof of appointment.

[ ] I have a claim arising from the person’s death (Please state below)

**Proof of identity Provided:**

[ ] Birth Certificate

[ ] Passport

[ ] Driving License

**Signature of Applicant:**

***I declare that the information provided by myself 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 GDPR.***

***I understand once the records are released to me, they become my responsibility.***

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  |
| **Date** |  |

*For office use only*

|  |  |
| --- | --- |
| **Authorising Signature** |  |
| **Print Name** |  |
| **Date** |  |