

Patient Authority Consent Form
Access to Health Records under the Data Protection
Act 1998 (subject access request)

Patient's authority for release of health records
(manual or computerised health records)

To: Stanway Surgery 84 Winstree Road Stanway Colchester CO3 0PZ

1. Full Name: (Mr/Mrs/Miss/Ms).....
Former name (s).....

2. Date of birth:

3. NHS Number (if known):

4. Current address:
.....
.....
.....

5. Former address/es:
(if applicable)
.....
.....

6. I am applying for **access to view my health records*** / I am applying for copies of **my health record*** (delete as appropriate)

I require copies of **my manual and computerised records*** / **only my computerised records*** (delete as appropriate)

7. Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records. However, to save us time and resources, if you wish, it would be helpful if you could provide details below of which periods/parts of your health records you require, along with any details that you may feel have relevance.

e.g. 1st March 1993 – 31st March 1995 – all my GP notes and consultant reports concerning my back pain.

8. I am applying to access my health records under the Data Protection Act 1998 for health records held at Marple Cottage Surgery. I understand that under the Data Protection Act 1998 (Fees and Miscellaneous Provisions) Regulations 2001, there may be a charge for me to view or to be provided with copy of my health records.

9. Signed:

Date:.....