

**www.harthealth.nhs.uk**

**Subject Access Request Application Form**

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| --- | --- |
| Surname: | D.O.B: |
| First name: |
| Address: |  |
|  |  |
|  | Postcode: |
| Email: |
| Tel: | Mob: |

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)

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| --- | --- |
| 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 over)  | 🞏 |
| I would like a copy of records relating to a specific condition/specific incident only (please detail over) | 🞏 |
| I would like a copy of all my electronic records (held on computer) | 🞏 |

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 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.

|  |  |
| --- | --- |
| Signature: | Date:  |

*To be completed by RECEPTION*

|  |
| --- |
| **Identity verified by**: Print Name & Date  |
| **ID Seen**: Passport Photo Driving Licence Proof of residence Other |

**Dr Nina Durasamy Dr Karuna Sharma Dr Holly Fletcher**

**Dr Poorvie Pathiranage Dr Siji John Dr Nicky Townsend**

**Dr Thomas Chetcuti Dr Arfan Ahmed Dr Rhys Williams**