

## St Martins Practice Subject Access Request form

### Details of the record to be accessed:

Patient Surname	
Forename(s)	
Date of Birth	

### Details of the person who wishes to access the records, if different:

Surname	
Forename(s)	
Address	
Telephone Number	
Relationship to Patient	

Please use this space below to inform us of certain periods and parts of the health record you may require. This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in a quicker response.

I would like a copy of <b>all</b> records	<input type="checkbox"/>
I would like a copy of records between specific <b>dates</b> only (please give date range)	<input type="checkbox"/>
I would like copy records relating to a specific <b>condition</b> / specific incident only (please detail below)	<input type="checkbox"/>
Other (please detail below)	<input type="checkbox"/>

**PLEASE NOTE- Instead of making a formal Subject Access request, please note that your Medical Records back to 2016 can be accessed via our online services. This is a quicker and more convenient way for both you and us to access your recent records, than making a Subject Access Request.**

**PTO to complete the form**

## Declaration

I declare that the information given by me 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 the GDPR. Please tick which applies:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I have full parental responsibility (see below) for the patient and the patient is under the age of 18 and:
  - a. has consented to my making this request, or
  - b. is incapable of understanding the request (delete as appropriate)
- I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so
- I am acting *in loco parentis* and the patient is incapable of understanding the request
- I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment
- I have a claim arising from the person's death (Please state details)

YOUR NAME	YOUR SIGNATURE	DATE
	.....	

### Parental responsibility- Births in England, Wales, NI

Birth mothers have parental responsibility automatically, - fathers or step parents need to establish if parental responsibility exists,

- Married (biological) fathers have responsibility : if married before child born, or subsequently,
- Unmarried (biological) father have responsibility if listed on birth certificate (from 1.12.2003) – Scotland from 4.5.2006) (if born outside UK –apply rules for country child now resides)
- Unmarried (biological) father –not on birth certificate, lived with mother many years, no responsibility unless applied for parental responsibility through court
- Step parents do not automatically acquire parental responsibility unless they adopt child or acquire residence order
- \*Divorce/separated - parents do not lose right to parental responsibility just because they divorce/separate, but don't automatically have right to know the whereabouts of other people with Parental Responsibility or where the child is living.

## CHECKLIST

Before returning this form, please ensure that you have:

- a) signed and dated this form
- b) vouched for your identity (If you are our registered patient) OR enclosed proof of your identity (if you are not)
- c) enclosed documentation to support your request (if applying for another person's records)
- D) email the completed form to [adminsmp@nhs.net](mailto:adminsmp@nhs.net). OR, if additional identity documentation are required, please return to the front desk during opening hours  
*Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form*