

## Access to Health Records under the Data Protection Act 2018

Patients Authority Consent form for release of health records

### 1. Details of the individual about whom the information is being requested

Patient Full Name	
Previous names	
NHS number	
Current Address	
Daytime telephone Number	
Date of Birth	
Patient Signature	
Date of Signature	
Email address	

You will be asked to provide proof of identity and address.

### 2. What are you applying to access?

I am applying for access to view my own health records	
I am applying for copies of my health record	

You do not have to give a reason for applying for access to your health records. However please state which parts of the health record you require and which service you have been on contact.

I would like to access all my health records	
I would like part records <b>(please state name of the service / services and location and the time period)</b> i.e. Community nursing records / GP records - year 2010-2015	

Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access

I am applying to access my own health records	
I have instructed my authorised representative to apply on my behalf	

3. If you are the patient’s representative please give details here

<b>Name of Representative</b>	
<b>Contact number</b>	
<b>Address</b>	
<b>Signature of representative</b>	

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**Office Use only**

Date consent received .....

Staff member	
Evidence seen *	
Signature	
Date	

\* Photo ID, Birth Certificate, NI card etc.