

ACCESS TO YOUR HEALTH RECORDS



GDPR 2016 specifies the rights of access to your data. All requests for access must be made in writing through the completion of this form. If you wish to see your health records, please complete the sections below. Please kindly indicate if you require a copy of your entire record or a section of it or just wish to view your records. On completion:

- 1) Please leave this request with your Therapist and we will copy your records for you or arrange a time for you to view your records.
- 2) Copies requested will be ready to collect usually within a week.

A response will be provided as soon as possible, and in any event within 10 working days. Where an application is declined, a reason will be given. In some circumstances, some parts of your record may be withheld; should this be the case, reasons will be provided. For more information relating to health records and how to access them please visit:

www.nhs.uk/NHSEngland/thenhs/records

If you require support please ask to speak to our Lead Therapist. ***A copy of our Health and PID Records Management Policy is available upon request.***

APPLICATION FOR ACCESS TO HEALTH RECORDS GDPR Subject Access Request

Details of the Record to be Accessed:

| | |
|---------------------------------------|--|
| Patient Name (full): | |
| Date of Birth: | |
| Detail of access / records requested: | |

Details of the Person who wishes to access the records, if different to above:

| | |
|-------------------------|--|
| Surname | |
| Forename(s) | |
| Address | |
| Telephone Number | |
| Relationship to Patient | |

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 2016.

Tick which ever of the following statements apply:

- I am the patient.
- I have been asked to act by the patient and attach the patient's written authorisation.
- I am the deceased patient's Personal Representative and attach confirmation of my appointment.
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that....(please supply your reasons below).

.....

YOUR SIGNATURE.....

DATE.....

| | |
|----------------------|----------|
| Internal use only: | |
| Lead Therapist | CEO..... |