

Trinity Medical Centre

Application for Access to Medical Records

Data Protection Act 2018 Subject Access Request

Details of the record to be accessed:

Forename(s)		Surname	
Date of Birth		NHS No.	
Address			
	Postcode:		
Mobile Number			
Signature		Date	

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

Forename(s)		Surname	
Address			
	Postcode:		
Mobile Number		Relationship to Patient	
Signature		Date	

I would like a copy of all records	Yes	No
OR I would like a copy of records from this specific date;		
I have access to my online account already <i>If NO please complete application form overleaf</i>	Yes	No

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 Data Protection Act 2018.

Tick the following statement that is most applicable;

- I am the patient.
- I have been asked to act by the patient and attach the patient's written authorisation.
- I am acting in Loco Parentis and the patient is under age sixteen and;
 - Incapable of understanding the request
 - Has consented to me making this request.

IMPORTANT! Please note you will need access to SystmOnline to view your medical records. If you do not have online access already, please complete form overleaf. Your request for medical record access will then be reviewed by a GP within 1 calendar month of application and will be available to view online or print as required. Online Access will also give you the ability to book appointments and order repeat prescriptions online. If you know you will be unable to access your medical record online please make a note with your application.

PLEASE NOTE IF THE FORM IS NOT COMPLETED CORRECTLY, THIS WILL BE RETURNED TO YOU VIA POST!

Application for Online Access to Services

Section 1 – Your Details

Name		Date of Birth	
Address			
	Postcode:		
Mobile Phone			
Email Address			

I am aged 16 years or above and I am requesting access to my own online services	
I am aged 12 – 15 and I am requesting access to my own online services <i>(GP Consent Required)</i>	

Section 2 – Terms of Agreement

I wish to access my online services and understand and agree with each statement below;

(Please tick)

I have read and understood the information leaflet provided by the practice about online access	
I will be responsible for the security of my login details as well as any of the information that I see or download	
If I choose to share my information with anyone else, this is at my own risk	
I understand that abusing the online services offered will result in the online service being removed	
I will contact the practice as soon as possible if I suspect that my account has been accessed without my agreement.	
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.	
I consent to the practice using my email address and phone number for reminders and communication from the practice	

Section 3 - Consent

Your Signature: _____ Date: _____

Please return this form to Reception. The practice will be in contact to confirm your access details.