

# **BOW MEDICAL PRACTICE**

## **Dr A M J Bower and Partners**



### **APPLICATION FOR ACCESS TO MEDICAL RECORDS**

#### **Data Protection Act 1998 Subject Access Request**

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 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 Data Protection Act 1998.

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 acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request.  
(\*delete as appropriate).
- ☐ 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.....

NOTE: There is a fee of £10 for access to records. An additional fee of 35p per page is charged if records are to be photocopied up to a maximum of £50. The fee must accompany this request. Cheques to be payable to BOW MEDICAL PRACTICE 21 days prior notice is usually required.

Notes:

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records.

Optional - Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports.