

# PATIENT ACCESS TO MEDICAL RECORDS – REQUEST FORM

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## Access to Health Records under General Data Protection Regulation 2018

### (Subject Access Request)

Patient's authority consent form for release of health records (manual and computerised records)

To: Wandsworth Medical Centre 90-92 Garratt Lane London SW18 4DD
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Identity of individual about whom information is requested:

Full Name:	Former name(s):
Current address:	Former address: (with dates of change)
Date of birth:	NHS number: (if known)
Contact phonenumber:	E-mail address:

What is being applying for (tick as applicable): In doing so you understand that you may have to pay an administration fee (e.g. printing, photocopying, postage, information that a GP is legally authorised to charge for, or second request for releasing the same medical records)

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

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You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc. Please use the space on the following page to document this information:

Dates and types of records:

Signature: .....

Print: .....

Date: .....

Date of application received (office use only): .....