

BELMONT HILL SURGERY

Access to Medical Records – Request Form

Who has the right to access personal information?

Everyone has the right under the Data Protection Act 1998 to access any information about them held by an organisation. Therefore, any patient has the right to see the information that is held in their Health Records. You do not need to give a reason to access your health records.

You should be aware that in certain circumstances your right to see some details in your health records may be limited in your own interest or for other reasons.

Is there a minimum age?

There is no minimum age for applications. Children can apply for their own records provided they are capable of understanding the nature of the request.

A parent or guardian can only apply on the child's behalf if (a) the child has given consent (b) the child is too young to have the understanding to make the request. Please note that a parent does not *always* have a legal right of access to their child's health records.

Is there a charge?

There is no charge to apply for copies of your medical records. However, depending on the extent of the records and the amount of administration time required to make the copies there may be a small fee to cover our costs. You will be made aware of any fee and the reasons why it is being charged before we process your request.

There is no charge to view information where no copy is required. If you would like to view your record at the practice, we will arrange a suitable time where you can come in and sit with a member of surgery staff to do so.

How do I apply?

Please complete the 'Application for Personal Information' form, providing as much information as possible. If access has recently been given, further access may not be given until a reasonable time interval has elapsed. What is reasonable depends on the nature of the information, the purposes for which is being used and when the information has been updated.

If you are requesting information on behalf of another person you must provide written permission from the person to do so and provide this at the time of requesting the information.

How long will it take to get the information requested?

The Practice has up to 4 weeks to provide the information requested, however we endeavour to do this within 21 days of the request.

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If you have any queries about your request for information please contact:

*Practice Manager
Belmont Hill Surgery
36 Belmont Hill
London SE13 5AY*

*Tel: 020 3675 0752
Fax: 020 8297 2011*

Email: LEWCCG.g85003-general@nhs.net

Web: www.belmonthillsurgery.co.uk

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Application for Access to Personal Information (medical records)

Once completed please return this form to:

Practice Manager
Belmont Hill Surgery
36 Belmont Hill
London SE13 5AY

If you would like help completing this form please contact Reception

Please complete the following details in full: (Please use an additional sheet if there is insufficient space)		
Title:		Last name:
Maiden name or any previous last names:		
First name (s):		
Current address:		
Post Code		
Contact Tel. No:		
Email Address		
Previous address (if less than 3 years at above address):		
Date of Birth:		
NHS Number:		
Is this your first application:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered No – what date did you last apply/request copies of your information?		
Type of Request: (Please tick the appropriate box)		

Reviewed: August 2020

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View Health Records/Read Only (no copies required) <input type="checkbox"/>	Full copy of Health Records (electronic & manual) <input type="checkbox"/>	Partial copy of Health Records (electronic only) <input type="checkbox"/>	
If applicable, please let us know if there is a particular period of care you are interested, providing as much information as possible (e.g. only information relating to a particular condition or just between two specific dates)			
Declaration			
I declare that the information given in this form is correct to the best of my knowledge and that I am:			
The Patient <input type="checkbox"/>		A Third Party acting on the patient's behalf and have attached the patient's written authorisation <input type="checkbox"/>	
Signed:		Date:	