

Patient Access to Records Application Form

The Family Practice Western College

Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this request.

We will supply your medical records in paper format or alternatively you can gain access to your records online. This form is for individuals requesting their own records or on behalf of the patient, not for third party organisations.

PLEASE ENSURE YOU READ SECTION 6 ON HOW TO SUBMIT COMPLETED APPLICATIONS.

Charges Payable: In accordance with legislation no fee will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive (e.g. multiple copies). Before any further action is taken, we will contact you with details of our "reasonable administrative charges" in order to comply with your request.

PLEASE COMPLETE IN BLOCK CAPITALS

1. Details of Patient - Please complete ONE form per person

Surname	Date of birth
Forename(s)	Current Address
Any former names (if applicable)	
Telephone number	Postcode
Email address	Previous address (if applicable)
	Postcode

2. Type of Access to Record – Please select ONE of the two options below

ONLINE ACCESS* - for 16 years and over (apply for 'Proxy Access' for under 16s)

**See Section 7 for further details on what information you can access and details on proxy users.*

Please select the functions of online access you'd like to enable and, if required, what areas your proxy user can access:

- Appointments** / Enable proxy access (complete Section 3)
- Repeat prescriptions** / Enable proxy access (complete Section 3)
- Viewing your medical record** / Enable proxy access (complete Section 3)

Do you already have an existing online access account?

- Yes
- No - please request an **online access registration letter** from reception when you return this form.

PAPER COPY OF RECORDS* (please also select ONE of the options below)

**Please note we can only supply paper copies of your record, these must be collected from the surgery. If you'd like an electronic version please apply for online access as stated above. If applicant is not the patient, please complete Section 3.*

- Full copy (this will be a paper printout of everything we hold on your record)
- Part copy* _____

**Please detail exactly what information you would like. For example, between two dates, or relating to a particular medical condition, or hospital letters only.*

3.	Patient Representative – Complete this section if applicant is <u>not</u> the patient or for details on designated proxy user. *Required field	
Full name*		
Date of birth*		
Gender		
Relationship to patient*		
Contact number*		
Email address* (Online Access applications only)		
Address*		
Are you registered at this surgery? (Online Access applications only)	<input type="checkbox"/> Yes <input type="checkbox"/> No – see Section 7 for info on proxy users registered elsewhere	

4.	Authorisation to release to representative* - To be completed by the <u>patient</u> if not making their own request	
<p>I (print name) _____ hereby authorise The Family Practice to release any personal data that I have consented to the release of in Section 2 to the above representative whom I authorise to act on my behalf in this matter.</p> <p>Signature of patient: _____ Date: / /</p> <p><i>*If patient is unable to complete this section please indicate in Section 5 below.</i></p>		

5.	Declaration				
<p>I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / General Data Protection Regulation (GDPR) / Data Protection Act 2018.</p> <p>Please select one box below:</p> <p><input type="checkbox"/> I am the patient.</p> <p><input type="checkbox"/> I am the parent/guardian of the patient who is under 16 years old and has completed the authorisation section above.</p> <p><input type="checkbox"/> I am the parent/guardian of the patient who is under 16 years old and is unable to understand the request (further clarification may be sought).</p> <p><input type="checkbox"/> I have been asked to act on behalf of the patient and they have completed Section 4 (authorisation above).</p> <p><input type="checkbox"/> I am acting on behalf of the patient who is unable to complete the authorisation section above (covering letter with further details supplied).</p> <p><input type="checkbox"/> I am the deceased patient’s personal representative (attach confirmation of appointment).</p> <p><input type="checkbox"/> I have a legitimate claim (supply further details).</p>					
Print Name (applicant)		Signed (applicant)		Date	

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of GDPR, requests will be responded to within **30 days** after receiving all necessary information and/or fee required to process the request.
- Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

If you are making a request under the Access to Health Records Act 1990, requests will be responded to within 40 days where no entries have been made to the patient/client's record 40 days immediately preceding the date of this request, otherwise requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.

6. Submitting your Application

APPLICATIONS MUST BE RETURNED TO THE SURGERY IN PERSON BY THE SIGNED APPLICANT WITH PHOTO ID AND PROOF OF ADDRESS. PLEASE ALSO BRING ANY ADDITIONAL REQUIRED DOCUMENTS AS OUTLINED IN SECTION 5. THESE MUST BE VERIFIED BELOW BY BOTH THE APPLICANT AND A MEMBER OF STAFF.

Online Access - In order for you to register your online account you must have been issued an online access registration letter from reception. This will contain all the details you need to register an account with services such as *Patient Access* or the *NHS App*.

IF YOU DO NOT HAVE AN EXISTING ONLINE ACCESS ACCOUNT:

- **Patients:** please request an online access registration letter from reception when submitting this application with your photo ID.
- **Proxy Users:** you will be posted an online access registration letter with confirmation that your application has been completed.

YOUR APPLICATION CANNOT BE PROCESSED UNLESS THE BOXES BELOW ARE COMPLETED UPON SUBMISSION OF THIS FORM.

Photo ID & proof of address verified for application - (please tick and sign)

Applicant signature	Staff signature
Date	Date
I am the: <input type="checkbox"/> Patient <input type="checkbox"/> Representative (Section 3)	
Applicant signature (2) – if required	
Date	
I am the: <input type="checkbox"/> Patient <input type="checkbox"/> Representative (Section 3)	

7. Online Access – what information can you see? Please retain this page for your own reference.

Account Registration - In order for you to register for your online account you must have been issued an online access registration letter from reception. This will contain all the details you need to register your account with services such as *Patient Access* or the *NHS App*. Due to the confidential nature of registering an online account these can only be requested in person at the practice upon presentation of valid photo ID.

Proxy access - This enables a user who is not the patient to register for an online account to access the designated patient's medical record. The patient can specify what information the proxy user can access, for example the proxy user could be restricted to just booking appointments or requesting repeat medications, without any access to the patient's medical record. Once an application has been successful, proxy users will be sent their own online registration details via post.

Patients must be aged 16 years and over for online access. Proxy access via a patient representative (e.g. parent/carer) can be enabled for under 16s, please see Sections 3-5. Proxy access will be revoked once the patient reaches the age of 16, at which point the patient can then re-apply for their own access.

Proxy users not registered at this practice - A proxy user must be registered at the same surgery as the patient in order to synchronise the proxy user's record to their existing online access account. If the proxy applicant is not registered at the same surgery as the patient they will need to create a separate online access account for proxy access and cannot register the same email address to that of any existing online access account active at another surgery.

Online access to medical records currently enables you to view the following information:

Medications; you will be able to see the medications you are currently taking. If you want to request any repeat medication you will be able to do so from this screen. There is also a link to Patient.co.uk which has further information about your medication.

Allergies/Adverse reactions; you will be able to see what allergies you suffer from and what if any adverse reactions you have had (i.e. to medication). There is also a link to Patient.co.uk which has further information about your allergies.

Immunisations; you will be able to see any immunisations/vaccinations we have a record of and the date you had them. There is also a link to Patient.co.uk, which has further information about any of the vaccinations you have had.

Problems; this section shows you your current and past coded medical problems.

Consultations; you will be able to see a record of your recent consultations (coded data entry only, not text entries).

Test Results; you will be able to view your test results once they have been reviewed by your doctor. You will see a value, a range and a comment that has been added by your doctor.

Values; you will be able to view values such as your height, weight and blood pressure.

Through this service, you will also be able to:

- **Book appointments**
- **Request a repeat prescription**

If you have any queries, please do not hesitate to contact the surgery on **0117 946 6455** or visit www.thefamilypracticewesterncollege.nhs.uk/access-to-medical-records for further info.

Yours sincerely,

The Family Practice