



## ASPEN MEDICAL PRACTICE

Horton Road, Gloucester, GL1 3PX

Tel: 01452 337733

www.aspenmedicalpractice.nhs.uk

### Branch Sites

Saintbridge: Askwith Road, Gloucester. GL4 4SH

Tuffley: Warwick Avenue, Tuffley, Gloucester. GL4 0SL

## APPLICATION FORM FOR ACCESS TO HEALTH RECORDS - SUBJECT ACCESS REQUEST

As part of the General Data Protection Regulations (GDPR), patients have a right to access their health records. You can have access to your records by one of the following methods:

- **Online Access** – We advise this option as you can simply log-in online and view your up-to-date record at any time you wish and can share it with whoever you wish too. By having online access to your record, you can also take advantage of being able to request your repeat medication.
- **Emailed Report** – We can email a copy of your electronic health record to you. This enables you to view your record and is also an eco-friendly and cost-effective method.
- **Printed Report** – We can also print your health record for you. This option, however, is not eco-friendly and is also costly to the practice. We therefore request that you choose one of the other options above.

Please complete the application form below.

### Patient Details

<b>Name</b>	<b>NHS Number (if known)</b>
<b>Address</b>	<b>Date of birth</b>
	<b>Home Telephone</b>
	<b>Mobile Telephone</b>
	<b>Email Address</b>

### Applicant Details (if different from above)

<b>Name</b>	<b>Organisation</b>
<b>Address</b>	<b>Telephone</b>
	<b>Mobile Telephone</b>

### Request For: (please choose one option)

<input type="checkbox"/> Online Access	Recommended option (see above).
<input type="checkbox"/> Emailed Record	Recommended.
<input type="checkbox"/> Printed Record	Not recommended (see above).

### Record Requested

<input type="checkbox"/> My full record – see below
<input type="checkbox"/> My record for these specific dates:
<input type="checkbox"/> My record for these specific conditions:
<input type="checkbox"/> My record for these specific events:

If you are requesting full records, please note that we only routinely include your record held electronically and not copies of any records we hold in paper form (these are usually records prior to 2001 when electronic records started). However, your electronic record will usually display a summary of key events prior to this date. If you also require copies of records held in paper form (i.e. prior to this date) please provide your reasons below:

------------------

### Partners

Dr Christopher Andrews, Dr. Bob Hodges, Dr. Iain Jarvis, Dr. Hasib Khalid, Dr. Sam Kuok,  
Dr. Andreas Marksteiner, Dr. Kannan Raj, Dr. Jhumpa Sarkar

*Aspen Medical Practice is committed to using recycled paper for printing where possible*



## ASPEN MEDICAL PRACTICE

Horton Road, Gloucester, GL1 3PX

Tel: 01452 337733

www.aspenmedicalpractice.nhs.uk

### Branch Sites

Saintbridge: Askwith Road, Gloucester. GL4 4SH

Tuffley: Warwick Avenue, Tuffley, Gloucester. GL4 0SL

### Can we refuse to comply with a request?

We can refuse to comply with a subject access request if it is manifestly unfounded or excessive, taking into account whether the request is repetitive in nature. If we consider that a request is manifestly unfounded or excessive we can:

- request a "reasonable fee" to deal with the request; or
- refuse to deal with the request.

In either circumstance we will justify our decision. If we decide to charge a fee we will contact you promptly and inform you of the likely costs. We do not need to comply with the request until the fee is received.

### How long do we have to comply?

We will act on the subject access request without undue delay and at the latest within one month of receipt. We will calculate the time limit from the day after we receive the request (whether the day after is a working day or not) until the corresponding calendar date in the next month.

### Can we extend the time for a response?

We can extend the time to respond by a further two months if the request is complex or we have received several requests from the patient. We will let you know within one month of receiving your request and explain why the extension is necessary.

### Declaration

<input type="checkbox"/>	I am the patient
<input type="checkbox"/>	I have been asked to act by the patient and attach the patient's written authorisation
<input type="checkbox"/>	I have full parental responsibility for the patient and the patient is under the age of 18 and: <input type="checkbox"/> has consented to my making this request, or <input type="checkbox"/> is incapable of understanding the request
<input type="checkbox"/>	I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so
<input type="checkbox"/>	I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
<input type="checkbox"/>	I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment
<input type="checkbox"/>	I have a claim arising from the person's death (Please state details below)

### Signature of Applicant

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 GDPR.

Signature	
Print Name	
Date	

**Please note that to preserve confidentiality you may be required to provide evidence of your identity when collecting or receiving copies of medical records, irrespective of delivery route.**

*For Practice Use Only: Date received*

*Receiving Staff Member*

### Partners

Dr Christopher Andrews, Dr. Bob Hodges, Dr. Iain Jarvis, Dr. Hasib Khalid, Dr. Sam Kuok,  
Dr. Andreas Marksteiner, Dr. Kannan Raj, Dr. Jhumpa Sarkar

*Aspen Medical Practice is committed to using recycled paper for printing where possible*