

## **Application for Access to Patient Personal Records**

SECTION A: DETAILS OF PATIENT'S INFORMATION WHICH IS BEING REQUESTED (Block capitals)						
Title (Mr,	Mrs etc):	_ Forename(s):	Surname:			
Address						
Date of Birth:						
Postcode	:	Tel. No:				
Relationship to person in Section B:						
SECTION B: Details of person completing the application if different than in Section A						
Title (Mr,	Mrs etc):	_ Forename(s):	Surname:			
Date of Birth:						
Postcode: Tel. No:						
SECTION C: DETAILS OF REQUESTED INFORMATION						
Date Notes Required From: To:						
SECTION D: DECLARATION (Please tick box where appropriate)						
I declare that the information given in this form is correct to the best of my knowledge and that:						
	I am the person	named in Section <b>A.</b>				
	I am acting on behalf of the person named in Section <b>A</b> and enclose the person's written consent or legal documentation confirming this. (E.g. Court Order)					
	I have parental responsibility for the child/person and I am requesting information in his/her best interest, as he/she is not capable of understanding this request. (Please provide a copy of the child's birth certificate, resident's letter, court documentation or Solicitors letter confirming you have parental responsibility).					

If you are acting on behalf of a deceased person (named in Section A), please complete the following:

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 requested medical records under the terms of the Access to Health Records Order (NI) 1993.

Tick as Appropriate:					
c	am the deceased person's personal representative and attach <b>LE</b> onfirming my appointment e.g. Copy of the Will, Grant of Probate, Lettenver Surgery will also accept a Solicitors letter confirming you are the Personal Representative', please see note below.	rs of Administration.			
<b>Note:</b> A Personal Representative is the individual(s) nominated in the Will as Executor: that person has the right to obtain a Grant of Probate from the court, which in turn gives that individual the authority to administer the estate, i.e. distribute the monies; property and any other assets in accordance with the Will.					
of Admin	e patient dies without a Will, an individual can make an application to istration. The person who obtains Letters of Administration is the ative and can therefore administer the Estate of the deceased and distri	deceased's personal			
Ш,	have a claim arising from the person's death and wish to access the requelease provide a Solicitor's letter confirming the grounds of the claim ariperson's death.				
SECTION I	E: RECEIVING OF COPY RECORDS				
Records will be available to collect from the practice after 28 days. We will contact you, if they are available earlier than this.					
SECTION I	F: EVIDENCE OF IDENTITY				
Please provide photocopied photographic evidence of identity e.g. driving licence, ID card, passport with this form. If you are bringing completed application form into the surgery, we can photocopy for you.					
SECTION I	H: COMPLETED APPLICATION				
Please return completed application form to Data Protection Officer, Inver Surgery, Moyle Medical Centre, Old Glenarm Road, Larne, BT40 1XH or email to <a href="mailto:reception.z00388@gp.hscni.net">reception.z00388@gp.hscni.net</a> . Along with photocopied photographic evidence of identity and legal documentation (if required).					
DISCLOSU	RE:				
	n in receipt of copy records/compact disc as requested within this appl erry can no longer hold responsibility for their safekeeping and confiden	· ·			
Signed:	Print:	Date:			
COLLECTION IN PERSON					
I confirm I have collected the above records as of the date below.					
Signed:	Print:	Date:			

## CONSENT TO RECEIVE RECORDS VIA EMAIL

I understand the risks associated with receiving my medical records electronically e.g. unauthorised interception of the data via unencrypted means to a non-NHS email address.					
i authorise inver surgery	to send my medical notes to the email	address below.			
Email (Print)					
Signed:	Print:	Date:			