

**Rosebank Health**
**Application for Adult Medical Records**

Access to Health Records under the Data Protection Act 2018

**Please complete in Block Capitals**

<b>1</b>	<b>Patient details</b>	
a)	Full name of patient (including any previous surnames)	
b)	Address now	
c)	Address at start of treatment	
d)	Date of birth	
e)	Trust reference (if available) for example, GO, EGT or PSY number	
f)	NHS number (if available)	
<b>2</b>	<b>This application is made because I am:</b>	
a)	considering a complaint / claim against your Trust as detailed in box 7	YES / NO
b)	considering pursuing action against someone else	YES / NO
c)	would like to retain copies for my own personal use and am <b>not</b> considering either a complaint or claim against the Practice	YES / NO
<b>3</b>	Health Care Professional primarily responsible for the care	
<b>4</b>	Place(s) where treatment was received	
<b>5</b>	Dates for which I am requesting records	
<b>6</b>	A description of the treatment received	
<b>7</b>	If the answer to question 2a is "Yes" please provide details of:	
a)	the likely nature of the claim	
b)	the grounds for the claim	
c)	approximate dates of the events involved	
d)	the names of the proposed defendant	

8	I am aware that under the Data Protection Act a fee for reasonable copying charges and a reasonable administration/access fee is payable. I am aware that this fee will not exceed £50.00.	YES / NO
9a)	I wish to view the above records	YES / NO
b)	I wish to receive copies of the above records	YES / NO
c)	I request prior details of the charges	YES / NO
11	Any other relevant information, particular requirements, or any particular documents <u>not</u> required (for example, copies of computerised records)	

**Declaration**

I declare that the information given in this form is correct to the best of my knowledge and that I am the person named below. I am making this request for copy records because:

- I am the patient YES / NO
- I am the patient's representative and the patient has asked me to act on their behalf and I attach their written authorisation YES / NO
- A court has appointed me to act on behalf of the patient and I attach a copy of the court order YES / NO

I understand there may be a charge for me to view or to be provided with copies of these records and that acceptable proof of identity will need to be provided. (See below)

Name (BLOCK CAPITALS) .....

Address (BLOCK CAPITALS) .....

.....

Telephone Number.....

Signed..... Dated.....

To help establish your identity, your application must be accompanied by **TWO** official documents that, between them prove your identity and address:

**Acceptable proof of identity**

**Acceptable proof of address**

<b>Please supply <i>ONE</i> of the following:</b>	Please tick
Passport	
HM Forces ID Card	
Bank statement with current address	
Birth certificate	
Driving licence photo card	
Marriage certificate	
College ID	

<b>Please supply <i>ONE</i> of the following:</b>	Please tick
Utility bill e.g. gas, electricity, phone	
Inland revenue statement	
Council tax bill	
Bank statement	
Local authority rent card	
Paper driving licence (if not used above)	