

**Access to Health Records  
(Subject Access Request)**

This form must be completed for all request for copies of patient records and passed to the Administration Team immediately for processing.

I, (Print name) .....

Of (Address) .....

Date of Birth.....

request access to the information you hold in my medical records. I understand that this information is normally provided free of charge and must be supplied to me within 30 days of the date below, although I will be notified if it will take longer.

I have supplied two forms of ID – one photographic and one proving my registered address. I understand a fee will apply if I request further copies of information already provided.

**WHAT COPIES OF YOUR MEDICAL RECORD DO YOU NEED?**

✓ Tick required option(s) from 2 below

HEALTH RECORDS - ALL FROM: ...../...../..... and TO: ...../...../.....

**OR TICK BELOW**

**ALL HEALTH RECORDS FROM BIRTH**

Signature..... Date.....

**For Staff use:**

Two forms of ID verified: Y/N **OR** Staff member knows patient and vouches ID verified Y/N

Staff Member Name..... Date received.....

**Please pass completed form to Queens Road Surgery**