

DECLARATION

I declare that the information given in this form is correct, to the best of my knowledge, and that

- I am the patient named overleaf, or
- I am acting on behalf of the patient named overleaf and the patient has completed **Part 1**.
- I will pay the appropriate charges as set out in the Data Protection Act 1998.

Delete as appropriate

Applicant's full name (please print)

Applicant's signature

Address for correspondence (if different from previous page):

To make a false declaration would be to breach the Data Protection Act 1998 and therefore actionable.

AUTHORISATION

If you are acting on behalf of an adult patient (16 years or over) the patient must complete Part 1 below:

Part 1

I authorise _____ to apply for access to my health records (as specified overleaf) under the Data Protection Act 1998.

I understand that there may be a charge for my representative to view or to be provided with a copy of my health records.

Signed: _____

Date: _____

For office use:

Date Application Received: _____

Date of Appointment to View (if applicable): _____

Clinician's Authorisation

Signed: _____ Date: _____



How to access your Health Records

Under the Data Protection Act 1998, you have the right to ask to see information written in your health records, although we may withhold certain information if it could seriously harm your mental or physical health, or identify a third party. You can apply to see health records if you are the patient, or someone acting on the patient's behalf.

Everyone has the right to have their personal health information kept confidential so we must ensure that you are entitled to see the records you are asking for. If you are not the patient, we will need identification and proof that you meet certain criteria. For example, you should:

- have the written consent of the patient, or
- be appointed by a court to act for the patient

We may charge you up to £10 for access to records, or up to £50 if you need copies. If any information in the record has been recorded in the 40 days before your application, access is free of charge, but copies may still be charged for.

We may also make informal arrangements for patients to see their records, at the discretion of the health professional responsible for their care. Please feel free to talk this through with your health professional who, if they cannot help, will pass on your request to someone who can.

Pearl Medical Practice adheres to the NHS Code of Practice on Confidentiality. If you are applying for access to records of an adult who is incapacitated and unable to give consent, information can only be disclosed in the patients best interests, and then only as much information as is needed to support their care.

Each application will be judged on its merits, so please write to the Senior Partner giving specific details. If you think you may not have received all the information you are entitled to, please contact the Practice Manager at the Pearl Medical Centre.

Applications must be made in writing, either by letter or by using the application form in this leaflet, to:

Information Governance Lead

Pearl Medical Centre
621 Washwood Heath Road
Ward End
Birmingham
B8 2HB
0121 328 0999

Please complete the adjacent form using **BLOCK CAPITALS.**

Please give us the following information about the patient:

Surname: _____

Forename(s): _____

Date of Birth: _____

Address: _____

Telephone No: _____

NHS Number (if you know it): _____

Hospital or service they are using: _____

The name(s) of any clinical staff: _____

If you require details relating to a specific period, please give us as much information as you can here (continue on a separate sheet if you wish):

Now please complete the declaration overleaf