



Application for Access to Health Records

Guidelines:

Under the General Data Protection Regulation (EU) 2016/679, the Data Protection Act 1998 and Access to Health Records Act 1990 you are entitled to have a copy of your health records.

Before any disclosure is made we will need to receive proof of your identity, this is to protect your confidentiality. With your completed application please attach a copy of one of the following (please ensure any documents and photos are of high quality)

- 1. A photocopy of your passport/ Foreign National Identity Card.**
- 2. A photocopy of your photo driving license.**

Once we have accepted your application we will aim to have your records sent out to you within the statutory time frame of **30 days**.

Application for minors:

Applications made for access to children's health records are subject to additional checks as per the guidance given by the Department of Health.

- 1. A photocopy of your passport/ Foreign National Identity Card.**
- 2. A photocopy of the child's birth certificate.**

If the child aged under 16 does understand the nature of the request, he/she is entitled to exercise their own right of access, and in those circumstances, we will reply to the child directly. Alternatively, a person with parental responsibility (as defined in the Children Act 1989-Application AHR1) can make an application on behalf of the child and a reply will be sent to them directly.

Please ensure you complete **ALL** relevant sections of the form. This form is designed to assist the process of making a subject access and as a consequence may speed the process up – this is not mandatory as subject access requests made in other formats will also be processed. Please note that current practice is to keep records for 3 years after the child's 18th Birthday. After this date records are destroyed.



Please send or email your completed application form and all relevant paperwork to the address or email below:

Dr Ellie Atkins
Headspace Guildford
c/o 9 Pennings Avenue
Guildford
GU2 9SU

Email: drellie@headspaceguildford.co.uk

Application for Access to Health Records and Deceased Health Record

By providing the information below you agree to Headspace Guildford contacting you by the timeliest method while processing your application.

Patient Details

Forname..... Surname.....

Date of birth.....

Current Address.....

.....

.....

Postcode.....

Telephone No..... Email.....

Representative's Details

- 1. If completed Headspace Guildford will reply to the address you have provided in this section.**
- 2. If you have a Lasting Power of Attorney of Health and Welfare please provide a copy.**

Name of Representative.....

Company name (if applicable)



Address.....
.....
.....

Postcode.....

Telephone No..... Email.....

Please state documentation you require i.e. report, correspondence (give dates where applicable).



Declaration

- I confirm that the information given in this form is correct and that I am entitled to apply for access under the terms of the General Data Protection Regulation (EU) 2016/679, Data Protection Act 1998 and Access to Health Records Act 1990
- I understand that it is necessary for Headspace Guildford to confirm my/the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Please tick the appropriate box:

- I am the patient.
- I am acting on behalf of the person named (page 2).
- I am acting in loco parentis and the patient is under 16 years of age and is incapable of understanding the request or has consented to my making this request (page 2).

Signature of Applicant.....Date.....

Print Name.....

Authorisation

Please complete this section if you are giving your consent to a representative who is acting on your behalf.

Part 1: I hereby authorise Headspace Guildford to release the requested personal information (page 3) that they may hold on me to

(Name)..... to whom

I have given consent to request my health records. (The personal information will be sent to the representative address)

Signature of patient.....Date.....

Print Name.....



Please complete the following sections if you are applying for deceased health records under the Access to Health Records Act 1990.

I am the deceased patient's personal representative and attach confirmation of my appointment. (Copy of the Will naming you as the Executor of the Will or Grant of probate)

Or

I have a claim arising from the patient's death on the grounds that:

OFFICIAL USE ONLY

Officer Advising.....Designation.....

Access disclosed on.....Signature.....

Recorded delivery.....Date.....

Collector Names..... Collector Signature.....