

Subject Access Request Form

This form must be completed for all request for copies of patient records and passed to the Admin Team immediately for processing – please email completed form to:

alchester.administration@nhs.net

Your Details

First Name		Surname	
Address			
Postcode:			
Phone number		Date of Birth	

I 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 received, although I will be notified if it will take longer.

I understand a fee will apply if I request further copies of information already provided.

I have supplied photographic ID.

WHAT COPIES OF YOUR MEDICAL RECORD DO YOU NEED?

✓ Tick required option(s) from 3 below

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

HEALTH RECORDS **ONLY** RELATING TO THE FOLLOWING CONDITION(S)

.....

A SPECIFIC ITEM E.g. IMMUNISATIONS HISTORY

.....

OR TICK BELOW

ALL HEALTH RECORDS FROM BIRTH

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

For Staff use:

Photographic ID supplied: Y/N **OR** Verified by.....

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

Pass completed form to Admin Team without delay due to time constraints