



## Cardinal Medical Practice

2 Deben Road, Ipswich, IP1 5EN Tel: 01473 741349

Email: [cardinal.medicalpractice@nhs.net](mailto:cardinal.medicalpractice@nhs.net) Website: [www.cardinalmedicalpractice.co.uk](http://www.cardinalmedicalpractice.co.uk)

### APPLICATION FORM FOR ACCESS TO HEALTH RECORDS - SUBJECT ACCESS REQUEST

As part of the General Data Protection Regulations (GDPR), patients have a right to access their health records. You can have access to your records by one of the following methods:

- **Emailed Report** – We can email your health record to you. This enables you to view your record and is also an eco-friendly and cost-effective method.
- **Printed Report** – We can also print your health record for you. This is option however is not eco-friendly and is also costly to the practice. We therefore request that you are choose the email option.

Please complete this application form below.

#### Patient Details

<b>Name</b>	<b>NHS Number</b>
<b>Address</b>	<b>Date of birth</b>
	<b>Home Telephone</b>
	<b>Mobile Telephone</b>
	<b>Email Address</b>

#### Applicant Details (if different from above)

<b>Name</b>	<b>Organisation</b>
<b>Address</b>	<b>Telephone</b>
	<b>Mobile Telephone</b>

#### Request For: (please choose one option)

<input type="checkbox"/> Emailed Record	Recommended.
<input type="checkbox"/> Printed Record	Not recommended (see above).

#### Record Requested

<input type="checkbox"/> My full record – see below
<input type="checkbox"/> My record for these specific dates:
<input type="checkbox"/> My record for these specific conditions:
<input type="checkbox"/> My record for these specific events:



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If you are requesting full records, please note that prior to 2001 your records will display a summary of key information. If you require the full record prior to this date, please provide your reasons below:

### Can we refuse to comply with a request?

We can refuse to comply with a subject access request if it is manifestly unfounded or excessive, taking into account whether the request is repetitive in nature. If we consider that a request is manifestly unfounded or excessive we can:

- request a "reasonable fee" to deal with the request; or
- refuse to deal with the request.

In either circumstance we will justify our decision. If we decide to charge a fee we will contact you promptly and inform you of the likely costs. We do not need to comply with the request until the fee is received.

### How long do we have to comply?

We will act on the subject access request without undue delay and at the latest within one month of receipt. We will calculate the time limit from the day after we receive the request (whether the day after is a working day or not) until the corresponding calendar date in the next month.

### Can we extend the time for a response?

We can extend the time to respond by a further two months if the request is complex or we have received a number of requests from the patient. We will let you know within one month of receiving your request and explain why the extension is necessary.

### Declaration

- I am the patient

I have been asked to act by the patient and attach the patient's written authorisation

I have full parental responsibility for the patient and the patient is under the age of 18 and:  
 has consented to my making this request, or  
 is incapable of understanding the request

I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so

I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)

I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment

I have a claim arising from the person's death (Please state details below)



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### Signature of Applicant

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the GDPR.

Signature	
Print Name	
Date	

### *For office use only*

#### Proof of Identity Provided:

<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Utility Bill <input type="checkbox"/> Medical Card <input type="checkbox"/> Other	
Authorising Signature	
Print Name	
Date	