



Mannock Medical Centre
 Irthlingborough Road
 Wellingborough
 Northants
 NN8 1LT

In Partnership With You

Mannock Medical Centre Tel: 01933 233200
 Earls Barton Tel: 01604 810691
www.abbeymedicalpractice.uk.com

The Access to Health Records Act 1990 and Data Protection Act give patients or their representatives a right of access, subject to certain exemptions, to their health records. Abbey Medical Practice respects the rights of individuals to have copies of their information wherever possible. Personal Information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the correct processing of this Subject Access Request

Charges Payable: In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our “reasonable administrative charges” in order to comply with your request. You can access information via online. Please speak to a member of our Patient Services Team if you do not already have online access to your records.

PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.

1. Details of Patient records to be accessed (Please complete one form per person)									
Surname					Date of Birth				
Forename(s)					Current Address				
Any former names (If Applicable)									
Telephone Number					Previous Address (If Applicable)				
NHS Number (If known/relevant)					Full Postcode				

2. Details of Records to be Accessed									
In order to locate the records you require please provide as much information as possible. Please list the department or services you have accessed that you require records from: i.e. PALs, complaints, continuing healthcare (Continue on a separate sheet if required). If you do not complete this section we will be unable to process your request									
Records dated from					Department or services accessed				
/	/	to	/	/					
/	/	to	/	/					
/	/	to	/	/					

Dr. Kate HUGHES, Dr. Prakash LAGISETTY, Dr. Azhar ALI,
 Dr. Ananda SENADHIPATHY, Dr. Rajat SRIVASTAVA
 Practice Manager: Alexia Tongue

3.	Details of applicant (Complete if different to patients details)
Full Name	
Company (if Applicable)	
Relationship with individual who's records have been requested	
Address to which a reply should be sent	Postcode: _____ Tel: _____
Do you wish to view the information prior to sending	Yes/No
4.	Authorisation to release to applicant (to be completed by the patients/clients/staff member if not making their own request)
<p>I hereby authorise the Abbey Medical Practice to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.</p>	
<p>Signature : _____ Date: / /</p>	
5.	Declaration
<p>I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act.</p>	
<p>Please select one box below:</p>	
<p><input type="checkbox"/> I am the patient (data subject).</p>	
<p><input type="checkbox"/> I have been asked to act on behalf of the data subject and they have completed section 4 - authorisation above.</p>	
<p><input type="checkbox"/> I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).</p>	
<p><input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)</p>	
<p><input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.</p>	
<p><input type="checkbox"/> I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).</p>	
<p><input type="checkbox"/> I am the deceased patient/client's personal representative and attach confirmation of my appointment.</p>	
<p><input type="checkbox"/> I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).</p>	

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the Data Protection Act, requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
- For requests under the Access to Health Records Act 1990, requests will be responded to within 40 days where no entries have been made to the patient/client's record 40 days immediately preceding the date of this request, otherwise requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
- Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.
- You will collect the records from the Practice albeit for your use, or to send on to the company that has requested the information. We will contact you via text or telephone to let you know when this is available.

Print Name		Signed (Applicant)		Date	/ /
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Please complete and send this document to:

Abbey Medical Practice
Mannock Medical Centre
Irthlingborough Road
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