

**SKERRYVORE PRACTICE  
APPLICATION FOR ACCESS TO MEDICAL RECORDS**

**Details of the Record to be Accessed:**

Surname	
Forename(s)	
Address	
Date of Birth	
Contact Telephone Number	

**Details of the Person who wishes to access the records, if different from above:**

Surname	
Forename(s)	
Address	
Telephone Number	
Relationship to Patient	

Tick which ever of the following statements apply.

- I am the patient.
- I have been asked to act by the patient and attach the patient's written authorisation.
- I am acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request.  
(\*delete as appropriate).
- I am the deceased patient's Personal Representative and attach confirmation of my appointment.
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that (please supply your reasons below).

Declaration: 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 Data Protection Act 1998.

Applicant signature.....Date.....

## Details of Application

**Patient to complete** (please tick as appropriate)

I am applying for access to view my records only	
I am applying for copies of my medical record	
I have instructed someone else to apply on my behalf	

### Notes:

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records.

You may be asked to provide photographic identification when collecting the notes.

**Optional** - Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in a quicker response.

I would like a copy of all records	
I would like a copy of records between specific dates only (please give date range) below:	

Please note there is a fee for access to medical records, which will require to be paid when collecting the records.

### Charges for Copy of Medical Records

Health records held on computer - £10  
(please note most electronic records held at Skerryvore Practice commenced in 2008)

Health records part on computer and part manually - £50

Health records held manually - £50

The practice will telephone you when the notes are ready to be collected and we will inform you of the relevant charge at this point. Cheques should be made payable to Skerryvore Practice.

Please note it may take up to 21 days to process your request.