



Access to Medical Records Form

The Data Protection Act 1998 gives you the statutory right of access to any health record manual (paper) or computerized. In certain circumstances your records or part of your records may be withheld. If this is the case this will be discussed with you.

FEES PAYABLE

- A fee of **£10 + £0.35/page** applies where a record is wholly computer based
- A fee of **£50** applies where a record is wholly paper based, or a mixture of paper and computer based
- Postal fees apply in addition to above fees if records are to be posted out. Postage cost will be determined by size & weight of completed set of copies.

TIMESCALE

The Practice will deal with your request promptly on receipt of your accurately completed form and your fee. **Please note however that the BMA allows practices up to 40 days to complete requests for copies of medical notes.**

SUBMISSION OF FORM

Please return this for the attention of **Liz Thompson**. If you are filling out the form by hand, **please write in capital letters and use clear, legible writing.**

REQUEST FOR ACCESS TO MEDICAL RECORDS

You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence. Access to health records is an important matter. The release of certain data in certain circumstances may cause distress. You may wish to consult an appropriate health professional before completing your application.

COMPUTER-BASED RECORDS

Your medical history with Putneymead Group Medical Practice is wholly computer-based. This history includes all consultations, test results & immunisation records since you have been registered with Putneymead. These records are quicker to print out hence they invoke lower charges.

MANUAL/PAPER BASED RECORDS

Your older medical history consists of paper notes that we are sent by previous surgeries. These notes are more time-consuming to copy, hence the charges for copying older records are higher. It may also be that your request relates your complete medical history consisting of both electronic & paper-based records. Such requests will be charged at the rate of copying paper-based notes.

SECTION 1: PATIENT REQUEST TO ACCESS MEDICAL RECORDS

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 record referred to below under the terms of the Data Protection Act 1998.

Surname:		Forename(s):	
Address:		DOB:	
		Sex:	
		Tel no. home:	
		Tel no. other:	
Postcode:		Signed:	

SECTION 2: THIRD PARTY AUTHORISATION (if applicable)

I hereby authorize Putneymead Group Medical Practice to release any personal data they may hold relating to me to: _____ to whom I have given consent to act on my behalf.

Signature of Patient _____ Date _____

I am the parent/guardian of a patient who is under 16 years old, or who is unable to understand the request.

(please tick box if above clause applies, and strike through as appropriate)

SECTION 3 : TYPE & DURATION OF RECORDS REQUESTED

Please specify your preference by placing a tick mark (✓) in the appropriate sections. if you are unsure of the options, please discuss with a member of the practice staff.

If you require your entire medical records held at Putneymead, whether computer-based or paper-based, please tick both boxes.

	Manual/Paper records	Computerized records
I would like to receive a copy of these records only		

SECTION 4: Duration of records

No date limit, please photocopy & print all records held at Putneymead.

Records before/after _____ only.
(please delete as appropriate)

Records between _____ and _____ only.

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