**APPLICATION FOR ACCESS TO PERSONAL INFORMATION**

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| Once completed, please send this form to: | To reception, FAO the Practice Manager |

**Section 1 – Individual’s Details Requested**

|  |  |
| --- | --- |
| Individual’s full name |  |
| Previous name(s) |  |
| Date of birth |  |
| NHS Number (if known) |  |
| Applicant’s Current Address |  |
| Applicant’s Previous Address (if applicable) |  |
| Contact information – Telephone number, email address |  |

**Section 2 – Description of the information you require**

Please provide as much information as possible giving full details of the periods you are interested in.

|  |  |
| --- | --- |
| Types of Information Required | Date |
|  |  |

**Section 3 – 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 personal information referred to above under the terms of the General Data Protection Regulation/Data Protection Act 2018/Access to Health Records Act 1990.

|  |  |
| --- | --- |
| Applicants Name |  |
| Address to which reply should be sent (if different from above) including postcode |  |
| Signature of applicant |  |

(If you are not the person named in Section 1, please tick 🗹 one of the following boxes)

|  |  |
| --- | --- |
| I am the parent/guardian of an individual under 16 years old who has completed the Authorisation section (Section 5). |  |
| I am the parent/guardian of an individual under 16 years old who (is unable to understand the request/has consented to my making this request). |  |
| I am the deceased patient’s personal representative and attach confirmation of my appointment by a court to manage the patient’s affairs |  |
| I am the legal representative of the individual, and they have given signed authorisation (Section 5) |  |
| Other (please specify) |  |

**Section 4 – Authorisation**

I hereby authorise RIVERSIDE FAMILY PRACTICE to release the requested personal data that they may hold relating to me to ……………………………………………………. (Enter the name of the person acting on your behalf), to whom I have given consent to act on my behalf.

Signature of Applicant………………………………. Date………………………………….