

## APPLICATION FOR ACCESS TO MEDICAL RECORDS (SAR)

### PROXY ACCESS

Please complete if you are requesting access on **behalf of** the above-named patient

Surname		Title	
Forename(s)		Address	
Telephone number		Postcode	
Relationship to Patient			

**OPTION 1:**

I AM APPLYING FOR ACCESS TO **VIEW** THE RECORDS ONLY

**OPTION 2:**

I WOULD LIKE TO REQUEST A TARGETED SAR BETWEEN THE TWO FOLLOWING DATES AND/OR A SPECIFIC CONDITION OR INCIDENT (PLEASE BE AS DETAILED AS POSSIBLE)

- **DATES** .....
- **CONDITION**.....
- **INCIDENT**.....

**OPTION 3:**

I WOULD LIKE A FULL COPY OF THE ABOVE NAMED PATIENT MEDICAL RECORD **INCLUDING** ALL PAPER HELD RECORDS. I UNDERSTAND THAT THIS WILL TAKE LONGER TO PROCESS AND ALLOW UP TO 6 WEEKS **FROM** THE DATE SHOWN BELOW FOR THIS TO BE PROVIDED.

- I WOULD LIKE THIS IN PAPER FORMAT ( )
- VIA EMAIL ( )
- ON A MEMORY STICK THAT I WILL PROVIDE ( )

**OPTION 4:**

I WOULD LIKE A COPY OF ALL THE ABOVE NAMED PATIENT'S ELECTRONIC RECORDS (HELD ON COMPUTER)

- I WOULD LIKE THIS IN PAPER FORMAT ( )
- VIA EMAIL ( )
- ON A MEMORY STICK THAT I WILL PROVIDE ( )

**Reason for access:**

I have been asked to act by the patient	o
I have full parental responsibility for the patient and the patient is under the age of 18 and: <ul style="list-style-type: none"> <li>• Has consented to my making this request, or</li> <li>• Is incapable of understanding the request (delete as appropriate)</li> </ul>	o
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	o
I am acting <i>in loco parentis</i> and the patient is incapable of understanding the request	o
I am the deceased person’s personal representative and attach confirmation of my appointment (grant of probate/letters of administration)	o
I have written, and witnessed, consent from the deceased person’s personal representative and attach Proof of Appointment	o
I have a claim arising from the person’s death (please state details below)	o

**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 UK [Data Protection Act 2018](#).

**You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.**

<b>Applicant signature</b>		<b>Date</b>	
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<b>I confirm that I give permission for the organisation to communicate with the person identified above regarding my medical records</b>			
<b>Patient signature</b>		<b>Date</b>	

**Section 5: Consent for children**

If a child aged 13 or over has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

They may wish a parent to countersign as well.

Young people aged 16 and 17 are legally competent and may therefore sign this consent form for themselves but may wish a parent to countersign as well. If the child is under 18 and not able to give consent for him/herself, someone with parental responsibility may do so on his/her behalf by signing this form below.

I am the patient aged 13 – 18 years	
<b>Signature</b>	
I am the parent/guardian/person with parental responsibility (delete as necessary)	
<b>Signature</b>	
<b>Full name</b>	
<b>Address</b>	
<b>Date</b>	

**ADDITIONAL NOTES:**

**THIRD PARTY PROCESSING NOTICE**

We use a processor, iGPR Technologies Limited (iGPR), to assist us with responding to report requests relating to your patient data, such as subject access requests (SAR) that you submit to us (or someone action on your behalf submits to us) and report requests that insurers submit to us under the Access to Medical Records Act 1988 in relation to a life insurance policy that you hold or that you are applying for.

iGPR manages the reporting process for us by reviewing and responding to requests in accordance with our instructions and all applicable laws, including UK data protection laws.

The instructions we issue to iGPR include general instructions on responding to requests and specific instructions on issues that will require further consultation with the GP responsible for your care.

I,....., acknowledge the use of a third party in order to process my request.

<b>Signature</b>		<b>Date</b>	
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