

In Confidence

Application for access to health records

Surname:

Forename(s):

Date of Birth:

Address:
.....
.....

Telephone no:

NHS no (if known)

Declaration

I declare that the information given in this form is correct, to the best of my knowledge, and that

- **I am the patient named overleaf, or**
- **I am acting on behalf of the patient named overleaf and that patient has completed Part 1 below**
- **I will pay the appropriate charges as set out in the Data Protection Act 1998**

(Delete as appropriate)

Applicants Full name (print)

Applicants signature

Address for correspondence (if different from above)
.....
.....

Please note that a making false declaration would breach the Date protection Act 1998 and therefore is actionable.

Part 1

I authorise (name of representative)

To apply for access to my health records under the data protection act 1998. I understand that there may be a charge for this

Signed

Date