**Application for Access to General Practice Medical Records**

**(Living Patients)**

#### Please consider the below information before completing the Application for Access to Confidential GP Health Records form.

**Please see below link for information on how to apply for access to GP medical records:** <https://youtu.be/UkF9kcWJI2s>

**Application information**

* Access to medical records is governed by the Data Protection Act 2018 for living persons.
* Primary Care Support England (PCSE) stores medical records on behalf of NHS England. These medical records comprise of paper records and computer print-outs from GP practices in England for patients who are deceased or not currently registered with a GP practice. We can only administer requests for access to GP practice records – we do not store electronic records, x –rays, hospital records, community services (e.g. health visitors, district nursing, school nurses) or records relating to private treatments and clinics or consulting rooms. For access to any other types of records you should contact the clinician or organisation who created them.
1. **Patients who are currently registered with a GP practice should contact their GP surgery to apply for access to their records.**

**People who can apply for access to a living patient’s medical records**

* The patient about whom the record has been compiled.
* Someone acting on behalf of the patient, for example:
1. A legal representative (e.g. a solicitor or insurance company) acting with written authorisation of the patient.
2. A parent on behalf of a child. Any person with parental responsibility may apply for access to the records if this is not contrary to a competent child’s wishes.
3. By court order or appointment.

**Requirements**

* When making your application we ask that you give details of the time periods and parts of the health record which you require, if applicable, to assist with processing the application.
* If you are using an authorised representative to make your application, you need to be aware that in doing so they may gain access to all health records about you. If this is a concern, it is your responsibility to inform them of what information you wish them to request specifically.
* To make an application, you must provide evidence of your identity – this must include one form of personal photographic ID and one form of proof of address. Further information of what forms of identification can be accepted is given within the application form. (See Identification)
* If you are making the application as an individual’s legal representative (e.g. you are a solicitor or insurance company), you **must** provide written authorisation from the applicant to act on their behalf and explicit permission to obtain a copy of their medical record.
* The health professional may request additional information to support your application if the information provided is insufficient to assess the record’s suitability for disclosure.

**Submission of Application**

* Please send your completed application form, copies of relevant identification and supporting documentation via email to **pcse.accessrequests@nhs.net**. If you are unable to submit your request via email, please forward your completed application to the following postal address

FAO Access Team

Primary Care Support England

PO Box 350

Darlington

DL1 9QN

* Once your completed application form, together with the appropriate supporting evidence of your identity and supporting documentation to make the request are received, PCSE will retrieve the health records and process the request.
* **Incomplete applications will be returned with correspondence stating what would be required for the application to be accepted. Please note we do not retain any documentation.**

**Disclosure**

* We will endeavor to deal with your application within one month, in accordance with the Data Protection Act 2018. In exceptional circumstances this may not be possible but we will update you and keep you informed of the delay and likely timescales.
* You are entitled to view the record, rather than receiving a copy of it. There is no charge for this. If you would like to view the record, please state this in your application and we will schedule an appointment for you to view the record at an appropriate time. Please note that record viewings only take place in the PCSE office in Blackburn, Lancashire.
* PCSE will consult an appropriate health professional who will review the records and decide which records may be released. There are certain circumstances in which the health professional may deny access to the complete records or to certain parts of the record:
* Where an individual other than the patient (and appropriate health professionals) could be identified from the information (unless the individual consents).
* If or when the health professional has assessed the record’s suitability for disclosure, copies of the records will be sent by secure email or post. PCSE can only provide copies of health records which we hold. Parts of a person’s medical record may be held with hospital, community or mental health trusts. PCSE cannot provide access to these records and you therefore may wish to make a separate application to another health organisation.

**1.0**

**Individual’s Details**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Previous/Other Names /Surnames*(if applicable, otherwise enter N/A)* |  |
| Date of Birth |  |
| NHS Number (if known) |  |
| Address, including postcode |  |
| Telephone number |  |
| Contact Email |  |

**Applicant Details\* (if different from above)**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Address, including postcode |  |
| Telephone number |  |
| Contact Email |  |
| Relationship to the Individual |  |

**1.1**

**REQUEST INFORMATION**

Please tell us the dates of the records you require.

|  |
| --- |
|  |

**2.0**

**DECLARATION BY APPLICANT**

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 under the terms of the Data Protection Act 2018.

Please tick one of the following:

[ ] I am the patient.

[ ] I have been asked to act by the patient and attach the patient’s written authorisation.(The patient has signed the patient authorisation section below and has provided a copy of photographic ID and proof of address as proof)

[ ] I have been appointed by the court to manage the affairs of the patient and attach confirmation of my appointment.(i.e. Lasting Power of Attorney)

[ ] I have parental responsibility for the individual and attach a copy of the child’s full birth certificate.

|  |  |
| --- | --- |
| **Print Your Name**: |  |
| **Your Signature**:(We are unable to accept typed names as signatures, please sign by hand or e-signature) |  |
| **Date**: |  |

Any information you have supplied in making this request will be treated in confidence. It will only be used for the purpose of carrying out your request in accordance with the Data Protection Act 2018 or Access to Health Records Act 1990. After your request is completed your information will be retained for a statutory time period (currently 6 years), after which date it will be securely destroyed.

**2.1 Authorising a Solicitor/Agent/Insurance Company (if applicable)**

I have appointed the following Solicitor/Agent/Insurance Company to act upon my behalf

|  |  |
| --- | --- |
| Solicitor/Agent/Insurance Company Name: |  |
| Appointed Contact: |  |
| Address: |  |
| Email Address: |  |
| Case Reference Number: |  |

I understand that filling in this section gives PCSE permission to disclose copies of the medical records to the Solicitor/Agent/Insurance Company detailed above.

Please provide the Solicitor/Agent/Insurance Company copies of the medical record in line with the Data Protection Act 2018 within one month.

|  |  |
| --- | --- |
| Print Your Name: |  |
| Your Signature:(We are unable to accept typed names as signatures, please sign by hand or e-signature) |  |
| Date: |  |

**2.2**

**PATIENT AUTHORISATION\* (for use when appointing another individual to act and receive the records on your behalf)**

I hereby authorise NHS England to release any health records that they may hold relating to me to

………………………………………………………………………………………. (Enter name of the person acting on your behalf), to whom I have given consent to act on my behalf.

Signature of Patient ………………………………………………………… Date…………………………….

\*(If you are using an authorised representative to make your application, you need to be aware that in doing so they may gain access to all health records about you. If this is a concern, it is your responsibility to inform them of what information you wish them to request specifically.)

**3.0**

**IDENTIFICATION**

**We only require photocopies of identification documents:**

**• One form of photo personal ID**

**AND**

**• One proof of current home address**

**Acceptable Photo Personal Identity Documents:**

* Current UK (Channel Islands, Isle of Man or Irish) passport or EU/other nationalities passports
* Passports of non-EU nationals, a visa or a UK residence permit showing the immigration status of the holder in the UK
* Current UK (or EU/other nationalities) Photo-card Driving Licence (providing that the person checking is confident that non-UK Photo-card Driving Licences are genuine)
* A national ID card and/or other valid documentation relating to immigration status and permission to work

**Where the applicant is not able to provide acceptable photographic ID, the following must be provided:**

* One form of non-photographic personal identification and one document confirming the address must be provided from different sources.

**AND**

* A passport sized photograph, endorsed on the back with a signature of a ‘person of standing’ who has known them for at least 3 years (e.g. magistrate, medical practitioner, officer of the armed forces, teacher, lawyer or civil servant) When providing a passport photo the certified photo form in section 6.0 must be completed.

*Any document not listed above is not an acceptable form of identification e.g. organisational ID card.*

**Acceptable Non-Photo Personal Identity Documents:**

* Original birth certificate (UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)
* Current full driving license (old version); (provisional driving licenses are not acceptable)
* Residence permit issued by Home Office to EU Nationals on inspection of own-country passport
* Adoption certificate
* Marriage / civil partnership certificate
* Divorce or annulment papers
* Police registration document
* Certificate of employment in HM Forces
* Current benefit book or card or original notification letter from the Department of Work and Pensions (DWP) confirming legal right to benefit
* Most recent HM Revenues and Customs (previously Inland Revenue) tax notification
* Current firearms certificate
* Application Registration Card (ARC) issued to people seeking asylum in the UK (or previously issued standard acknowledgement letters, SAL1 or SAL2 forms)
* GV3 form issued to people who want to travel in the UK without valid travel documents
* Home Office letter IS KOS EX or KOS EX2
* Building industry sub-contractor’s certificate issued by HM Revenues and Customs (previously Inland Revenue)
* EEA member state identity card

**To confirm address, the following documents are acceptable:**

* Recent utility bill or a certificate from a supplier of utilities (Telephone (landline phone), Water, Electricity or Gas) confirming the arrangement to pay for the services on pre-payment terms (note: mobile telephone bills will not be accepted). Utility bills in joint names are permissible.
* Local authority council tax bill for the current council tax year
* Current Full UK photo card driving licence (if not already presented as a personal ID document)
* Current Full UK driving licence (old version) (if not already presented as a personal ID document)
* Bank, building society or credit union statement or passbook containing current address
* Most recent mortgage statement from a recognised lender \*
* Current local Council tenancy agreement
* Current Private tenancy agreement
* Current benefit book or card or original notification letter from Department of Work and Pensions (DWP) confirming the rights to benefit
* Confirmation from an electoral register search that a person of that name lives at the claimed address \*
* Court Order \*
* Parental Court Order \*
* HMRC self-assessment letters or tax demands dated within the current financial year
* Medical card or letter of confirmation from GP’s practice of registration with the surgery

**\*** The date on these documents must be within the last 6 months (unless there is a good reason for it not to be e.g. clear evidence that the person was not living in the UK for 6 months or more) and they must contain the name and address of the applicant.

We will accept the overseas equivalent of the above documents for claimants who live abroad.

**Documents we will not accept include, but are not limited to:**

* Provisional driving license
* Mobile phone bills
* Credit or store card statements

**Copies of documents & Certificates:**

We would prefer that you do not send original documents of identity when submitting your application. We will accept clear and legible quality copies of certificates and identification documents and where required, which have been certified by one of the following as a true copy of the original that they have seen.

**Note**: Certifications are only required if you are unable to provide the required identification i.e. due to homelessness, immigration status issues, in prison etc.

Please also note that this is not an exhaustive list and all cases are considered on a case by case basis therefore, it is important that you provide supporting information/documentation (if you are able) to support your application and reasons why you are unable to provide the standard identity documents. This will also allow us to process your application effectively and avoid any delays.

**Within the UK:**

* A practising solicitor (in which case, they should state their name and qualification as well as the name and address of the firm in which they are employed)
* The Post Office’s ID checking service (in which case, please also include the completed ID Checking Service form which has been stamped by the Post Office)

**Outside the UK:**

A Notary Public registered in their country of residence who should provide an Apostille certificate for each document.

**4.0**

**Consent to Email your completed request.**

PCSE are now able to complete requests and send records electronically via secure email. Please confirm you wish to receive the records via secure email and specify the email address that the records should be sent to.

I confirm I am happy to receive the outcome of my request via email to the below email address.

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Print Your Name**: |  |
| **Your Signature**:(We are unable to accept typed names as signatures, please sign by hand or e-signature) |  |
| **Date**: |  |

**5.0**

**Application Checklist**

[ ] 1.0 Individual Details complete

[ ] 2.0 Declaration by Applicant complete

[ ] 3.0 Acceptable Proof of Address provided

[ ] 3.0 Acceptable Proof of ID provided

[ ] 4.0 Consent to email your completed request

Please send your completed application form, copies of relevant identification and supporting documentation via email to **pcse.accessrequests@nhs.net**. If you are unable to submit your request via email please forward your completed application to the following postal address.

*FAO Access Team, Primary Care Support England, PO Box 350, Darlington DL1 9QN*

Any information you have supplied in making this request will be treated in confidence. It will only be used for the purpose of carrying out your request in accordance with the Data Protection Act 2018. After your request is completed your information will be retained for a statutory time period (currently 6 years), after which date it will be securely destroyed.

**6.0**

**Certified passport photograph**

To be completed by a ‘person of standing’ who has known the applicant for at least 3 years (e.g. magistrate, medical practitioner, officer of the armed forces, teacher, lawyer or civil servant) when providing a passport photo in place of a photo identity document.

I ………………………………………… confirm that the below photo is a true likeness of

………………………………………….. and that I have known them for at least 3 years.

Signed ………………………………………….

Date……………………………………………..

Position/Job Title……………………………………………………

Contact Telephone ………………………………………………...

**ATTACH PHOTO HERE**

Please ensure rear of photograph is also endorsed