



Providing NHS services

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**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS**  
In accordance with the General Data Protection Regulation (GDPR)  
**DATA SUBJECT ACCESS REQUEST**

This form must be completed in blue or black ink and signed in order for us to process your request.

**Section 1: Patient details**

<b>Surname</b>		<b>Maiden name</b>	
<b>Forename</b>		<b>Title (i.e. Mr, Mrs, Ms, Dr)</b>	
<b>Date of birth</b>		<b>Address:</b>	
<b>Telephone number</b>		<b>Postcode:</b>	
<b>NHS number (if known)</b>		<b>Hospital number (if known)</b>	

**Section 2: Record requested**

The more specific you can be, the easier it is for us to quickly provide you with the records requested.  
Record in respect of treatment for: (e.g. leg injury following a car accident)

<b>Please provide me with a copy of all records held</b>	
<b>Please provide me with a copy of records between the dates specified below:</b>	
<b>Please provide me with a copy of records relating to the incident specified below:</b>	
<b>Please provide me with a copy of records relating to the condition specified below:</b>	

**Section 3: Details and declaration of applicant**

Please enter details of applicant if different from Section 1

<b>Surname</b>		<b>Title (Mr, Mrs, Ms, Dr)</b>	
<b>Forename(s)</b>		<b>Address</b>	
<b>Telephone number</b>		<b>Postcode</b>	



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## 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 GDPR.

Please tick:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I have full parental responsibility for the patient and the patient is under the age of 18 and:
  - (a) has consented to my making this request, or
  - (b) is incapable of understanding the request (delete as appropriate)
- 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
- I am acting *in loco parentis* and the patient is incapable of understanding the request
- I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- I have written, and witnessed, consent from the deceased person's Personal Representative and attach Proof of Appointment
- I have a claim arising from the person's death (Please state details below)

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

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#### Section 4: Proof of identity

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which identity is confirmed	Option taken	Documents attached
A	Attached copies of documents as noted in section 4A below	Yes/No	If Yes, please indicate here which documents have been attached
B	Countersignature (section 4B). This should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided)	Yes/No	Please indicate reason why this section was completed

#### 4A – Evidence

**Evidence of the patient's and/or the patient's representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:**

	Type of applicant	Type of documentation
<b>A</b>	An individual applying for his/her own records	One copy of identity required, e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc.
<b>B</b>	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
<b>C</b>	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient
<b>D</b>	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in 'A' above)



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#### 4B – Countersignature

**This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A cannot be fulfilled.**

I (insert full name) \_\_\_\_\_

Certify that the applicant (insert name) \_\_\_\_\_

Has been known to me personally as \_\_\_\_\_ for \_\_\_\_\_ years  
(Insert in what capacity, e.g. employee, client, patient, relative etc.) and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Profession: \_\_\_\_\_.

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

#### Additional notes

Before returning this form, please ensure that you have:

- a) signed and dated this form
- b) enclosed proof of your identity or alternatively confirmed your identity by a countersignature
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.