

Honor Oak Group Practice

Dr. M. Uti MBBS MRCP MBA

Dr. R. Bennett MBBS MRCP

Dr. A. Adeyeye MBBS MRCP DCH DRCOG MRCP

Dr. B. Puri MBBS MRCP MRCP

Dr. S Kulendran MBBS MRCP

Dr. M. Low MBBS MRCP

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

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

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)

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

Veeru Rajamuthiah - Practice Manager

20 Turnham Road Brockley SE4 2LA

e-mail: LEWCCG.g85089-general@nhs.net Tel: 020 3049 2345 Fax: 020 3049 2346

Honor Oak
is part of



The Lewisham
Care Partnership

For more information please visit

www.thelewishamcarepartnership.co.uk

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Section 3: Details and declaration of applicant

Please enter details of applicant if different from Section 1

Surname		Title (Mr, Mrs, Ms, Dr)	
Forename(s)		Address	
Telephone number		Postcode	

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:
 - has consented to my making this request, or
 - 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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