

DETAILS AND DECLARATION OF APPLICANT – ACCESS TO HEALTH RECORDS

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:
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.