

Request from anyone other than the patient will have to be supported by documented authorisation. Any such request should be notified to the Practice Manager doctor

MAWLSEY VILLAGE SURGERY

Request for Access to Health Record

Name of Applicant:

Address of Applicant:

I wish to: access/have copies of
(Please delete as appropriate)

My health records

The health records of:

If the request is to view the health records of a third party, written, signed consent must be attached to this request and the following declaration completed:

I am the patient's parent/legal guardian/representative
(Please delete as appropriate)

The doctor may wish to obtain spoken or written consent from a person under the age of 16.

I agree to pay the approved fee for access as advised by the practice.

Name of Applicant:

Address of Applicant:

Appointment arranged to access health records as requested:

Date: _____

Time: _____

Doctor: _____

Fee for copies of health records: £

The fee must be paid before copies of health records are provided.