

Tain and Fearn Area Medical Practice
Access to Health Records and other requests for personal medical information
GDPR 2018 for living patients, Access to Health Records Act 1990 for deceased patients

Details of patient whose records are being requested

Full Name

Date of Birth

Registered Address

Current Address if different

Telephone number

What information is required? Please tick

Paper copy of full notes

Paper copy of part notes, what date range?

To view notes

A letter or statement from GP

Other - please specify

Any other information relevant to request, eg will information be collected, or where should it be sent to?

I have received the leaflet ' How to request GP records and other personal information'

I authorise Tain and Fearn Area Medical Practice to provide the information requested

Patient signature

Date

The next section only requires completing if the applicant is not the patient

Applicant details

Full name

Address

Telephone number

Entitlement to request this information:

- I have been appointed Guardian by the courts and attach confirmation
- I have Welfare Power of Attorney for this patient and attach confirmation
- I am acting on behalf of the patient. The patient has completed the next declaration

I consent to..... acting on my behalf and I authorise Tain and Fearn Area Medical Practice to release the information to them,

Signed _____ Date _____

- I am the deceased patient's representative and attach confirmation.

Applicant signature _____ Date _____

Please return form to:
Practice Manager
SAR
Tain and Fearn Area Medical Practice
Health Centre
Craighill Terrace
Tain
IV19 1EU

Practice confirmation of identity

ID checked / patient verified

By _____ Date _____