

St Alban's Medical Centre

Patient Access to Medical Records

You have a right to request access to your health records under the Data Protection Act 1998. Any request should be in writing and your request should be actioned within 21 days of receipt of payment. (The Practice Manager may agree to payment on collection, if the number of copies involved is small.)

There is a charge for this service:

Copies of records held wholly on computer: Up to £10 maximum

Copies of records held manually and on computer: Up to £50 maximum

What you need to do:

1. Submit a written request, addressed to the Practice Manager – you can get a form from Reception or write a letter. Please make sure you include your name, date of birth and address so that we can identify you and locate the information held about you.
2. Let us know if you only wish to have certain information – this could save you money, and will save the practice time and resources.
3. Include a contact number, so that we can get in touch with you to advise you of the cost, whether we need you to pay in advance, and agree a date for producing the copies.

We will produce copies of records in the agreed timescale. We may need to leave out information if your GP thinks that supplying that information to you will harm your physical or mental health, or if it contains reference to a third party who has not consented to disclosure of the information.

Please collect the records from Reception on or soon after the agreed date. You will need to bring photo ID so that we know that the records are being given to the correct person. If someone is collecting on your behalf, please make sure the Practice Manager is aware – we will include their name on the envelope, and they will need to bring their ID when they collect.

We cannot email records to you, because the information is not encrypted and therefore open to being hacked. We may be able to arrange to post information to you, but only if we have seen photo ID and received payment beforehand.

FOR ATTENTION OF PRACTICE MANAGER

Patient Access to Medical Records – Request form

Please print all details. Please use ink as we will need to scan this onto your medical record.

Date of request:

Full name:

Date of birth:

Current address:

Telephone:

I am applying for copies of my health records, held by the GP Surgery. I understand that I will be charged for this service – the likely charge will be agreed with me before copies are made and I may be asked to pay in advance.

I am applying for (tick as applicable):

Full copy of my health record	
Part copy of my health record	
The parts of my health record I would like to have copies of: (e.g. records since 1 st January 2010; letters from Cardiology ...)	

Signature of patient:

If you are making this application on behalf of a patient, please add your details below. We will usually need the patient's written consent to share this information with you.