**Request for Letters – Forms – Records**

**Patient Authority Consent Form Access to Health Records under the Data Protection Act 2017 (Subject Access Request)**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read carefully and clearly indicate which you are requesting**

**You will need a proof of photo ID and proof of address**

**Requests will be actioned within 30 days**

* **Access to online records** (to view your records online). Request separately:

[www.jsmedicalpractice.com/viewing-your-electronic-health-records-online/](http://www.jsmedicalpractice.com/viewing-your-electronic-health-records-online/)

* **Single sheet** e.g.: printed results / immunisations history
* **Brief Medical Summary** (includes medication list, active problem list, some results)
* **Administrative Letter** (Confirmation of registration, University letter)
* **Full Medical Records** (a printout of medical history including documents). Request via:

[www.jsmedicalpractice.com/practice-information/subject-access-request/](http://www.jsmedicalpractice.com/practice-information/subject-access-request/)

* **Medical Report** (a detailed report written by your GP which incurs a charge determined by the doctor)

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrator to complete**

**Seen: POA POI**

**Initials**: …………………….

**Reason for your request** (any information you provide will be helpful to us processing your request):

………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Signed: Date: