

The Elms Medical Practice FORM 4
Patient Request to Access ONLINE Medical Records
Access to Health Records under the Data Protection Act 1998
(Subject Access Request for OVER 16 YEAR OLDS ONLY)

You have the right to access your personal data and we have an obligation to respond to your request. All requests must be made in writing and will be responded to within one month of receiving your application. Please visit our website: www.elmsmedicalpractice.co.uk to view our privacy notice.

Access may be denied or limited where the information may cause serious harm to the physical or mental health, or condition of the patient.

At the time of the request, we require sight of original photographic ID and documentation to confirm your address, i.e. driving licence/passport, utility bill/bank statement. This must be done in person. Please note, it can take up to 28 days to provide you with online access to your medical record.

If you have any queries, please contact Sianne Smith.

**To: The Elms Medical Practice
 5 Stewart Road, Harpenden, AL5 4QA**

Details of the record to be accessed:	
Patient Name:	
Date of Birth:	
Address:	
Telephone Numbers (inc mobile):	
Email (optional):	
<i>If you are completing this form for a patient under the age of 16, please confirm your name and relationship.</i>	
<i>Access to medical record entries made from (enter date)</i>	

Signature of patient: _____ **Date:** _____

OFFICE USE ONLY – TO BE COMPLETED BY RECEPTION

Photographic ID of patient seen and verified Reception initials _____

If patient under the age of 16, ID of parent/legal guardian seen and verified

Date: _____

RECEPTION TO PASS TO GB (Medical Secretary)

Date completed: _____ Patient contacted:

This application must be processed and completed within 28 days of receipt