

Requesting a copy of your medical records under The General Data Protection Regulation (GDPR)

The General Data Protection Regulation (GDPR) gives every living person the right to know what personal information an organisation has about them. To use this right, you can make what is known as a 'subject access request' for a copy of your full or partial medical record.

If you wish to make a Subject Access Request you should complete the attached form and return the form to: kingshill.mp@lanarkshire.scot.nhs.uk or hand your completed form into reception.

Response time

We will deal with your request as quickly as possible and will provide a copy of your records within 28 days of receiving your completed application form.

If you only require part of your medical record please advise of this in the form below as a partial record can often be completed more quickly than a full medical record.

Please Read: Points to consider

Accessing your health records is an important matter and could, in certain circumstances, cause distress. You may wish to speak to an appropriate health professional before completing the application form.

Making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

General Data Protection Regulation – Subject Access Application Form

Please fill in this application form using **BLOCK CAPITALS** and black ink.

Section 1: Personal details

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about.

First name:		Surname:	
Address:		Date of Birth:	
		Phone number:	
Email address:			

Section 2: Records

Please indicate if you require your full medical record or only part of your record.

Full Record ☐

Partial Record ☐ Dates Required:

Section 3: Declaration

Keeping personal information confidential and secure is extremely important to us.

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the General Data Protection Regulation.

Signature: _____ Date: _____

If you are not the person named in section 1 please tick the appropriate box below:

- ☐ I am the parent or guardian of the person named in section 1, and that person is under 16 years old and has completed section 5.* (Please go to section 4)
- ☐ I am the parent or guardian of the person named in section 1, and that person is under 16 years old and is not able to understand the request. (Please go to section 4)
- ☐ I have been appointed by the court to manage the affairs of the person named in section 1 and enclose proof of this. (Please go to section 4)

**Please note: We will presume children can understand the nature of the application if they are aged between 12 and 16, however, we will consider all cases individually.*

Section 4: Details of the person acting on behalf of the person applying

You must fill in this section if you are not the person named in section 1.

Name:	
Address & Contact Number	

Section 5: Permission

You must fill in this section if you are the person named in section 1 and you have given the person named in section 4 permission to act on your behalf.

I give Kingshill Medical Practice permission to give _____ (*enter the name of the person acting on your behalf*) any personal information about me. I have given them permission to act on my behalf.

Signature: _____ Date: _____