Patient Request for Medical Information

Please allow **8 weeks** for your request to be processed. We may not be able to fulfil all types of requests.

For further information please visit https://www.listerhousesurgery.co.uk/non-nhs-services

Name of Patient

……

Address

……

……**Postcode**.....

Telephone ……

DOB ……

I would like to collect the information from (please tick)

☐ **Peartree** ☐ **Oakwood** ☐ **Coleman Street** ☐ **Chellaston**

Please specify who has requested the information below and for what purpose.

Who do you want the information for? (employer/school/dwp etc)

……

What do you want the information for? (Legal case/insurance claim/benefits claim etc)
(Please put as much detail as possible to enable the Practice to process your request)

……

……

Please specify the information you require, please give as much information as possible including any dates.

……

……

……

……

If you require a copy of your medical records, please specify the dates you require them from and to. (Please note that if you are requesting these for the **DWP we will only provide a summary**)

Please tick whichever of the following statements apply

□ I am the patient.

□ I have parental responsibility for the patient, and I am signing the form on their behalf *

* **Consent for children** Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him/her to understand fully what is proposed" (known as Gillick Competence), then he/she will be
competent to give consent for him/herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for him/herself, someone with parental responsibility may do so on his/her behalf by signing accordingly on this form.

Declaration: I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Act 1998. I give my permission for this request to be processed.

Patients Signature…… Date……..

Parents Signature (if applicable) …… Date……..

For surgery use only:

One of the following has been seen for identification purposes.

□ **Passport**

□ **Driving Licence**

□ **Two Utility Bills (no more than three months old)**

□ **Identity verified by GP/Staff Member (Name of staff member) _____**

***Acceptable forms of proof of parental responsibility (if applicable)**

□ **Birth Certificate**

□ **Marriage Certificate**

□ **Tax Credits Letter**

□ **Child Benefit Letter**

□ **Papers from the home office or other Government department**

□ **Adoption /solicitor's paperwork or another legal document**

Quick Note added to Patients Record & Accurx message sent (Admin/ Medical information/ reports)

Yes/ No