

Requests For Access To Information

Consent and Request Form for Access to Records Containing Personal Data

This form can be used to help **Clapham Family Practice** process requests for access to personal information and health records.

You do **not** have to use this form to make a Subject Access Request (SAR). A request can be made verbally or in writing. However, completing this form can help us identify you, locate the information you are requesting and process your request efficiently.

Before completing this form:

Please provide as much relevant information as possible.

- **Section 1** – Your Details: Tell us who you are and provide information that will help us identify the correct record.
- **Section 2** – Information Requested: Tell us what information or record you are requesting and, where possible, the relevant dates.
- **Section 3** – Identity and Authority: We may need information or documents to verify your identity or confirm that you are authorised to make the request.
- **Section 4** – Authorisation: Confirm that the information you have provided is accurate and sign the form.
- **Section 5** – Returning the Form: Return the completed form and any requested supporting documents to Clapham Family Practice.

Section 1 - Your Details

Please provide the following information about the person making the request.

Information	Your details
Full name	
Former name(s), if applicable	
Current address	
Former address(es), if applicable	Please include dates when you lived at previous addresses
Date of birth	
NHS number, if known	

Telephone number

Email address

If you have previously been registered at Clapham Family Practice

Please provide any previous name, address or other information that may help us locate your records.

Additional information:

Section 2 – Information Requested

Please tick the options that apply and provide as much information as possible about what you are requesting:

What are you requesting?	
☐	Copies of my health/medical records
☐	A copy of personal information held about me by Clapham Family Practice
☐	Information relating to a specific period, consultation, condition, test, referral or other matter
☐	I am making this request on behalf of another person who has authorised me to do so
☐	I am requesting access to a child's health records
☐	I am requesting access to the health records of a deceased person
☐	I am requesting access to information held about me as a member of staff
☐	Other request – please provide details below

Please describe the information you are requesting

Please include relevant dates, consultations, conditions, healthcare professionals, investigations, referrals or other information that may help us locate the records.

Date range requested

From: _____

To: _____

☐ All information held about me

If you are requesting all information held about you, please tick this box.

Type of records requested

☐ GP medical records	☐ Referral information
☐ Consultation notes	☐ Hospital correspondence
☐ Test results	☐ Medication information
☐ Letters/reports	☐ Email or other correspondence
☐ Other: 	

Section 3 –Identity and Authority

3.1 Verifying Your Identity

We must take reasonable steps to ensure that personal information, particularly health information, is only disclosed to the correct person.

We may therefore ask you to provide suitable identification where we cannot confidently verify your identity from the information already available to us.

Where identification is required, we will normally ask for:

☐	One suitable identity document <i>For example:</i> ☐ Passport ☐ Driving licence ☐ Government-issued photographic identification ☐ Birth certificate ☐ Other suitable identification agreed with the Practice
AND, where necessary:	
☐	One document confirming your address: <i>For example:</i> ☐ Bank or building society statement ☐ Utility bill ☐ Council tax bill ☐ Government department or local authority letter ☐ Other suitable proof of address Where proof of address is requested, it should normally be dated within the last three months. Please do not send original documents unless specifically requested. The Practice will only request identification where reasonably necessary and will use a proportionate approach. Current ICO guidance confirms that formal identification should only be requested where necessary to establish identity and protect personal information.

Section 3.2 Requesting Information About a Child

If you are requesting access to a child's health records, please provide the child's details below.

Please note: Where a child is considered competent to make their own request, the child's own right of access must be considered. Where appropriate, the Practice may need to consider the child's wishes and whether the child has authorised another person to access their information.

Child's details

Information	Your details
Full name	
Former name(s), if applicable	
Current address	
Former address(es), if applicable	<i>Please include dates when you lived at previous addresses</i>
Date of birth	
NHS number, if known	

Evidence of authority

Where required, please provide:

☐	Birth certificate
☐	Evidence of parental responsibility
☐	Written authorisation from the child
☐	Other evidence of authority: _____

Parent / authorised person's details

Full name:	
Relationship to child:	
Telephone number:	
Email address:	
Address:	

Section 3.3 Requesting Information on Behalf of Another Person

If you are making the request on behalf of another living person, please provide evidence that you are authorised to act for them.

Examples may include:

- Written consent signed by the person concerned
- Power of Attorney
- Other appropriate evidence of legal authority

Person whose information is being released

Full name:	
Date of birth	
Address:	
NHS Number, if known:	

Authorised representative

Full name:	
Relationship to the person:	
Address:	
Telephone number:	
Email address:	

Evidence of authority provided

- ☐ Signed consent
- ☐ Power of Attorney
- ☐ Other legal authority
- ☐ Other: _____

Representative's signature: _____

Date: _____

Section 3.4 Requesting for Records of a Deceased Person

A request for the health records of a deceased person is not a Subject Access Request under UK GDPR, because UK GDPR applies to personal data relating to living individuals.

Access to the health records of a deceased person may instead be considered under the Access to Health Records Act 1990, where applicable.

The Practice may require evidence that the requester is entitled to access the records.

This may include:

☐	Evidence that you are the deceased person's personal representative, such as a Grant of Probate or Letters of Administration
☐	Evidence that you have a claim arising from the death of the deceased person
☐	Other evidence of entitlement or authority

Deceased person's details

Information	Your details
Full name	
Former name(s), if applicable	
Current/last known address	
Former address(es), if applicable	<i>Please include dates when you lived at previous addresses</i>
Date of birth	
NHS number, if known	

Requester's relationship to the deceased

Reason for requesting access

Evidence provided

Section 4 Your Authorisation and Declaration

Please read the following statement carefully before signing.

I confirm that the information I have provided on this form is accurate to the best of my knowledge.

I understand that Clapham Family Practice may need to verify my identity or my authority to make this request before providing information.

Where I am making a request on behalf of another person, I confirm that I have provided accurate information about my authority to act on their behalf.

I understand that information relating to other people may be removed or withheld where required by law.

I understand that the Practice may contact me if further information or clarification is reasonably required to process my request.

Full name:	
Signature:	
Date:	

Section 5 Returning Your Form

Please return the completed form, together with any supporting documents that the Practice has requested to:

Clapham Family Practice

Address: **Mary Seacole Centre, 89 Clapham High Street, London SW4 7DB**

or

Email: **Selicb.claphamfamily@nhs.net**

Please ensure that any confidential information sent by email is sent securely where possible.

What happens next?

Once we receive your request, we will review it and contact you if we need further information to verify your identity, confirm your authority or clarify what information you are requesting.

For a Subject Access Request, the Practice will normally respond **without undue delay and within one month** of receiving the request, or within one month of receiving information needed to confirm identity or authority where this was reasonably required. The timescale can be extended by up to a further two months where the request is complex or a number of requests have been received from the same person.