



## Application for Access to Casualty First Health Records

The **GENERAL DATA PROTECTION REGULATION (GDPR)** is a new law that came into force on 25<sup>th</sup> May 2018. It determines how your personal data is processed and kept safe and the legal rights that you have in relation to your own data.

**(PLEASE COMPLETE THIS FORM IN BLACK INK AND BLOCK CAPITALS)**

### Details of the patient about whom the information is requested:

Surname:	Forename(s):
Date of Birth:	Hospital Number, if known:
Address:	
Phone number:	Email address(optional):

### What is being applied for (tick as applicable).

I am applying for copies of my Casualty First health record	<input type="checkbox"/>
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### Please tick the box below identifying whether you or a representative on your behalf is applying for access.

I am applying to access my health records	<input type="checkbox"/>
I have instructed my authorised representative to apply on my behalf	<input type="checkbox"/>

### Details of Applicant if you are not the patient

(Please complete this section only if you are requesting notes on behalf of the patient, ie you are the patient's nominated representative or next of kin).

Surname:	Forename(s):
Your relationship to the patient:	Hospital Number, if known:
Address:	
Phone number:	Email address(optional):





Signature of applicant:	Date:
Print name:	

### 1. Records Required:

Please tick the appropriate boxes:

Urgent Care Centre attendance	
Xrays/Images provided by the Imaging Department on disc	
Imaging Reports	
Blood Results	
Other – please specify:	

### 2. Declaration

I declare that the information given on this form is correct to the best of my knowledge	
I am the Patient	
I have been asked to act by the patient and I have attached the patient's written authorisation	

I have parental responsibility and the patient is under 16 and has consented to my making the request and I have attached the child's written authorisation or they are under 12 or have no capacity to understand (delete, as appropriate).

Name of requester:	
Signature of requester:	
Date:	

### 3. Identity Checks

Patients or their representative may be required to provide one form of photographic identity and/or one proof of address. Examples to use are:

#### I. Photographic Identity:

Driving Licence (if a UK licence it can also be used as proof of address), passport, ID card

#### II. Proof of Address:

Utility bill within last 3 months. Bank statement, P45, P60, council tax bill for current year





**For office use only:**

Date application received:	
Received by:	
Signature:	
Date:	
Entered on SAR secure spreadsheet by:	
Signature:	
Date:	
Date entered:	
Requester's identity checked by:	
Signature	
Date:	

