P O R T R E E   M E D I C A L   C E N T R E

Data Protection Act – Request for Copies of Medical Records

Section 1 – Your Details	
Please make sure you use your formal name in this section	
First Name(s)	
Surname	
Date of Birth	
Address	
Post Code	
Telephone Number(s)	
Email Address	

Section 2 – Information You Require *(please select one option)*		
1.	Please provide me with copies of my medical records for the following period:	
From:	To:	
OR		
2.	Please provide me with a print-out of my medical records that are held electronically/on computer (Portree Medical Centre started to use medical records electronically from 2006)	
OR		
3.	Please provide me with copies of my entire medical records from my date of birth to date (to include any paper records as well as those held electronically/on computer)	

Section 3 – Format Required	
Please provide me with copies of my medical record in the following format: (please tick)	

Paper		By email	

Section 4 – Signature			
Signed		Date	
If you are acting on behalf of someone else, please complete the section on the reverse.			

Please hand this form to the receptionist along with a form of ID
(e.g. passport or photo driving licence)

Please be aware that we have up to one calendar month to supply you with your medical
records, but endeavour to return them to you as soon as we can.

PORTREE MEDICAL CENTRE

Section 5 – Acting on Behalf of Someone Else

I am acting on behalf of the patient named in section 1.

My relationship to the patient is:

Signed		Date	

Permission from the patient for me to act on their behalf is:
(please ensure a copy of relevant authorisation is provided if number 2, 3 or 4 are selected)

1.	Already recorded in the patient's notes	
2.	Consent form attached	
3.	I have Power of Attorney for health matters	
4.	I am the executor of the deceased person's estate	

FOR PRACTICE USE ONLY		
	Date:	Signed:
Identity verified by		
If not the patient, relevant authorisation is attached or has been validated in the patient's medical record		
Please list documents seen:		
Data extracted		
Data checked		
Patient advised ready to collect		
Date collected and request filed as complete		