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### Access to Medical Records/Data Protection Application

Details of the record to be accessed:

Hospital / General Practice: \_\_\_\_\_

Patient Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NHS No: \_\_\_\_\_

Hospital Reference No: \_\_\_\_\_

Record in respect of treatment (state condition / illness if known): \_\_\_\_\_

Approximate Date: \_\_\_\_\_

Details of application (if different from above)

Name Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

**Declaration:** I declare that the information given to me is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred above under the terms of the data Protection Act (1998).

- \* I am the patient.
- \* I have been asked to act by the patient and attach the patient's written authorisation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_