

Template 5: Request access to medical records

PRIVATE AND CONFIDENTIAL

(INSERT) Your address

(INSERT) Date

(INSERT) Name of records manager or practice manager
Their address

Dear.....

Re (INSERT) name, date of birth, address

I am writing to request access to my medical records under section 45 of the Data Protection Act 2018.

I include below relevant personal information to assist you in identifying these.

(INSERT) State whether you are requesting your own records, those of a relative, those of a child of whom you are the guardian, those of a deceased relative.

(INSERT THE FOLLOWING DETAILS FOR THE REQUESTED RECORDS)

- Full name and address, postcode, date of birth, male or female
- Previous name or address on medical records if this is different to current name and address
- The name of the hospital (or NHS premises) ward or department, consultant and dates of admission or attendance.

(INSERT)

- Say whether you would like to view the original paper records, if you require photocopy/ies or require a printout of any computerised documents
- State whether you want to see all the record or only certain parts, specific documents or correspondence and identify these.

I would prefer to be contacted (by letter / email/ phone)

(INSERT THE RELEVANT CONTACT DETAILS)

Yours sincerely

Sign your name here

Print your name here

Important:

- 1. If you are applying on behalf of someone else, you should also attach the necessary letter of consent.**
- 2. Some NHS boards have their own forms for requesting access to medical records and they may send this to you to complete.**
- 3. NHS boards may contact you to ask you to provide additional information or personal details.**