

# PATIENT AUTHORITY FORM

## ACCESS TO HEALTH RECORDS AND X-RAYS UNDER THE DATA PROTECTION ACT 1998 (Subject access request)

Patient's authority for release of health records and x-rays to solicitors or medical experts for the purpose of litigation. (Manual or computerised health records)

To:

**Dr Rossdale and Partners**  
**111 Pembroke Road**  
**Clifton**  
**Bristol**  
**BS8 3EU**

**Tel: 0117 9733790**

1. **Full name of patient:**

Surname \_\_\_\_\_  
(Mr/Mrs/Miss/Ms)

Forenames \_\_\_\_\_

Any former names \_\_\_\_\_

2. **Date of Birth:** \_\_\_\_\_

3. **Current Address:** \_\_\_\_\_

Postcode \_\_\_\_\_

4. **Previous Address:** *(if in current property for less than 3 years)*

Postcode \_\_\_\_\_

5. **Is clinical negligence alleged? Yes/No?**

If yes, against whom? \_\_\_\_\_

**CONSENT**

1. I consent to my clinical notes and records\* being disclosed to:

\_\_\_\_\_ **Name of solicitor or expert to whom disclosure is sought**

2. I consent to the release of copies of **either**:

- Health records dated from/to:

\_\_\_\_\_

- Health records relating to the following injury/condition

\_\_\_\_\_

- All health records except those relating to the following condition

\_\_\_\_\_

- All information contained on my health records from birth

**\* PLEASE TICK ONE OF THE ABOVE BOXES, AND READ POINTS 3 – 6 BELOW CAREFULLY**

1. I understand that all or part of my health records may be made available to my opponent and/or my opponent's solicitor or experts. I also understand that my solicitor may be required to make my health records available to the court. I understand that this may include details from birth if I decide to consent to the release of all my record.
2. I understand that this request for copies of my health record will be used in connection with this specific accident/incident only and that if further information is required my solicitor will approach me again for my consent.
3. I understand that my GP/health professional will have no control over any information that has been sent to my solicitor once it has arrived at the solicitor's office.
4. I understand a fee will be charged for the work performed in releasing notes as governed by the Data Protection Act 1998.
5. I understand it is a criminal offence to mislead the courts by failing to disclose details in my past health records that may be relevant to this specific incident.

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request for Access to Health Records**

<b>Section 1 – Details of the patient:</b>	
*Mr/Mrs/Miss/Ms * delete as appropriate	Surname:
Forenames:	Any former names:
Date of Birth:	Address:
<b>Section 2 – Details of the record to be accessed:</b>	
<input type="checkbox"/> Health records dated from/to:	<input type="checkbox"/> Health records relating to the following injury/condition:
<input type="checkbox"/> All health records except those relating to the following condition:	<input type="checkbox"/> All information contained in my health records from birth

**Section 3 – Declaration:**

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred to above, under the terms of the Access to Health Records Act (1990)/Data Protection Act (1998)

- I am the patient
- I have been asked to act by the patient and the attach the patient's written consent
- I have parental responsibility/legal guardianship for the patient, who is under the age of 16 and \*is incapable of understanding the request/has consented to me making this request (*\*please delete as appropriate*)
- I have been appointed the guardian for the patient, who is over 16, under a guardianship order
- I am the deceased patient's personal representative and attach confirmation of my appointment
- I have a claim arising from the patient's death and wish to access information relevant to my claim – the information will support my claim for the following reasons:

.....  
 .....

I am aware that a charge may be payable (£10.00 for an electronic copy, £50.00 for a copy of manual records, or a combination of electronic and manual records) Note: the maximum charge is £50.00, and NO fee will be payable if the record is being viewed and copies are not made.

Signed.....Date.....

*Please note:*

- *It may be necessary to provide evidence of identity (i.e. Driving Licence, Passport)*
- *If there is any doubt about the applicant's identity or entitlement, information may not be released*
- *You will be informed if this is the case.*