

**Patient Authority Consent Form**  
**Access to Health Records under General Data Protection Regulations**  
**(Subject Access Request)**

Patient's authority for release of health records  
(Manual or Computerised Health Records)

**Crossley Street Surgery**  
**Crossley Street**  
**WETHERBY**  
**LS22 6RT**

1. Full name (including former name(s) ): (Mr/Mrs/Miss/Ms/Other ..... delete as appropriate)  
(Please **print** all details and use dark ink)

.....

Former name(s) .....

2. Date of Birth: .....

3. NHS number (if known) .....

4. Current Address: .....

.....

.....

5. Former Address/es (if applicable) .....

.....

.....

6. I am applying to view my health records / I am applying for copies of my health records (delete as appropriate) under GDPR for health records held at Crossley Street Surgery. I understand that under GDPR, there is no charge for this service

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

---

**PLEASE NOTE:**

7. Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your records. However, to help us save time and resources, **if you wish**, it would be helpful if you could provide details over the page, informing us of periods and parts of your health records you require, along with details which you may feel have relevance i.e. consultant name and location etc. (Please turn over)

**Optional** – Please use this space to inform us of certain periods and parts of your health record you may require. This may include specific dates, consultant name and location, and parts of the records you require i.e. written diagnosis and reports.

**Below is an example of using the space provided.**

1<sup>st</sup> March 1993 – 31<sup>st</sup> March 1995 – All my GP notes and the consultant reports to my GP concerning back pain within this period.

Practice Use Only:

Date application received: .....

Received by: .....

Date notes viewed / sent: .....