Meadowbank
Dental Practice

MEDICAL RECORDS ACCESS REQUEST FORM

At this practice the need for the confidentiality of personal information about patients is taken very seriously. Our confidentiality policy sets out our regulations for maintaining confidentiality and all members of the practice team must comply with these safeguards. *We are also* committed to ensuring the security of personal data held by the practice.

For people who want to access their medical records or obtain a copy of those we can arrange to send information electronically or in a paper copy, upon written request, within 14 days.

1. Details of the person requesting the information			
Name, Surname		**Address**	
Date of Birth			
Email address		**Telephone Number**	

2. Are you the Data Subject? (tick box that applies)	
☐	**Yes, I am the Data Subject**
☐	**No, I am not the Data Subject, but I am acting on their behalf as their parent / legal guardian or personal representative and I enclose evidence of that or consent form signed by Data Subject**

3. Details of the Data Subject (if different to 1.)			
First Name		**Address**	
Surname			
Date of Birth		**Telephone number**	

4. Please describe briefly <u>information you want</u> to request and specify the <u>format</u> that you wish to receive information in and <u>address</u> where we should send it (email or postal)

5. Declaration	
Date of request	
Signature	

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