Patient NHS Requests

Section A: Requesters Information

First Name(s):	Surname:
Date of Birth:	
Home Address:	
Contact Number:	
Email address:	

Tick whichever of the following statements apply.

☐ I am the patient.

☐ I have been asked to act by the patient and attach the patient's written authorisation.

☐ I am acting in Loco Parentis and the patient is under age sixteen, and (is incapable of understanding the request) / (has consented to me making this request)*.
delete as appropriate.

☐ I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that (please supply your reasons below).

Note:
If no, you must provide the patient's written consent to release information along with photo ID, if over the age of 16.

Section B: Summary of Request

Please provide a description of what you require:

Section C: Please Tick Service Required

Copy of Electronic Record To be emailed to you and you are happy to be sent to your personal email account	Free	☐

Online Access To Documents From External Sources (User must have an ACTIVE patient online access account)	Free	☐

Section D: Must Tick

Processed within 30 Days - FREE	☐
Fast Track Service: 10 Working Days *(this does not include weekends or bank holidays)* ***£30.00***	☐

UPFRONT PAYMENT - NO REFUNDS

Section E: Declaration: Please note that we will only provide and support factual information at the discretion of the Medical Director, sign below to confirm you understand this statement.

Patient's/Requester Signature:	
Name of signed:	
Date:	
***Your information request will start from the date requested and can take up to 30 days to process**	

Admin Staff to Complete <u>ALL FIELDS</u>:

Amount Due:	Free ☐	£30.00 ☐
EMIS Number:		
Patients Full Name:		
Patient ID Confirmation: Please state - *(Photo ID/ Passport/ Birth Certificate* *Please write down the applicable number*		
Amount Paid (if applicable):		
*Date requested:		
Member of Staff taken request:		
Receipt Number (if applicable):		
Please explain to patient it will take up to 30 days for the request to be fulfilled.		

Section F: Doctor to complete

Completed ☐	Completed by**:**	Date: