Dear

Thank you for your enquiry regarding the disclosure of your medical records under the Data Protection Act 2018.

We take confidentiality of our patients very seriously so we need to be assured of your identity before releasing any information to you.

We are entitled to make these checks, the details of what we need to see are at the back of the form.

The Data Protection Act 2018 requires us to process your request within 1 month from the time we receive the application, including your proof of identity.

Yours sincerely,

Medical Records Manager
REQUEST FOR ACCESS TO MEDICAL RECORDS
Under the Data Protection Act 2018

PATIENT DETAILS
First name: ___________________________ Surname: ___________________________
Date of birth: ___________________________
Previous surname (if applicable): ___________________________
Address: ___________________________
Mobile telephone: ___________________________
_________________________
Home telephone: ___________________________
Postcode: ___________________________
Email address: ___________________________
Hospital number (if known): ___________________________

REQUESTER’S DETAILS
Please complete this section only if you are requesting notes on behalf of the patient, ie, you are the patient’s nominated representative or next of kin.
First name: ___________________________ Relationship to patient: ___________________________
Surname: ___________________________
Mobile telephone: ___________________________
Address ___________________________
Home telephone: ___________________________
*Email address: ___________________________
Postcode: ___________________________

If the patient is deceased, please state your legal entitlement under the Access to Health Records Act 1990:

________________________________________

*Please note we cannot send medical records via email.

For official use only
Proof of identity ___________________________
Proof of address □ Signed ___________________________ Date ___________________________
RECORDS REQUIRED
Please tick the appropriate box(es)

☐ All hospital records

Or specific records
☐ Accident & Emergency Department records
☐ Maternity records
☐ Intensive care records
☐ Therapy records
☐ X rays/images/scans
☐ Blood results
☐ Imaging reports
☐ RNTNE audiographs, photographs
☐ Other_____________________________________

WHICH HOSPITAL RECORDS WOULD YOU LIKE COPIES OF?
Appropriate box(es) must be ticked

☐ University College Hospital
☐ Elizabeth Garrett Anderson Wing
☐ Heart Hospital
☐ Hospital for Tropical Diseases
☐ Macmillan Cancer Centre
☐ National Hospital for Neurology and Neurosurgery
☐ The Royal London Hospital for Integrated Medicine
☐ Royal National Throat, Nose and Ear Hospital
☐ Eastman Dental Hospital

DECLARATION
I declare that the information given on this form is correct to the best of my knowledge
(Please tick the relevant box)

☐ a) I am the patient  ☐ b) I am acting on behalf of the patient
Signature:                       Signature:

_________________________________________  ______________________________________
Date: ______________________            Date: ______________________
Patients or their representative are required to provide one form of photographic identity from list A and one proof of address from list B.

### A Photographic proof

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Driving licence (if you have a UK licence, this can be used as proof of address also)</td>
</tr>
<tr>
<td>2</td>
<td>Passport</td>
</tr>
<tr>
<td>3</td>
<td>UK firearms licence</td>
</tr>
<tr>
<td>4</td>
<td>HM Forces ID card</td>
</tr>
<tr>
<td>5</td>
<td>Certified photograph*</td>
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</tbody>
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### B Proof of address

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<thead>
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<tbody>
<tr>
<td>1</td>
<td>Recent utility bill (no more than 3 months old)</td>
</tr>
<tr>
<td>2</td>
<td>Council Tax bill valid for current year</td>
</tr>
<tr>
<td>3</td>
<td>Current benefit book or card or original notification letter from Department of Work and Pensions confirming rights to benefits</td>
</tr>
</tbody>
</table>

1. The request form with good quality copies of the documents can be posted to the address below:

   Medical Records Department  
   The National Hospital for Neurology and Neurosurgery  
   Box 43  
   Queen Square  
   London  
   WC1N 3BG

2. Alternatively you can arrange an appointment to bring your documents in by calling **020 3448 8874** Monday to Friday, 10:00 to 16:00. Please do not arrive without making an appointment as there may not be a member of staff available to speak to you.

*If you do not have a document from list A containing your photo please supply a photo of yourself and get someone who has known you (but not a relative) for at least 3 years, to sign the back, ‘I certify that this is a true likeness of ……….’ giving their full name with signature and date.