

# PATIENT ACCESS TO MEDICAL RECORDS – REQUEST FORM

## Access to Health Records under General Data Protection Regulation 2018 (Subject Access Request)

Patient's authority consent form for release of health records (manual and computerised records)

To: Wandsworth Medical Centre  
90-92 Garratt Lane  
London  
SW18 4DD

Identity of individual about whom information is requested:

Full Name:	Former name(s):
Current address:	Former address: (with dates of change)
Date of birth:	NHS number: (if known)
Telephone number:	E-mail address:

What is being applying for (tick as applicable): In doing so you understand that you may have to pay an administration fee (e.g. printing, photocopying, postage, information that a GP is legally authorised to charge for, or second request for releasing the same medical records)

I am applying for copies of my health record	
Please provide dates of the health record to be released	

Signature: .....

Print: .....

Date: .....

Date of application received (office use only): .....