

Rosebank Health

Application on behalf of a Child for Medical Records

Access to Health Records under the Data Protection Act 2018

Please complete in Block Capitals

1a)	Full name of patient (including previous surnames)			
b)	Address now			
c)	Address at start of treatment			
d)	Date of birth			
e)	Trust reference (if available) for example, GO, EGT or PSY number			
f)	NHS number (if available)			
2	This application is made because I am:			
a)	considering a complaint / claim against your Trust as detailed in box 7		YES / NO	
b)	considering pursuing action against someone else		YES / NO	
c)	would like to retain copies for my own personal use and am not considering either a complaint or claim against the Practice		YES / NO	
3	Health Care Professional primarily responsible for the care			
4	Place(s) where treatment was received			
5	Dates for which I am requesting records			
6	A description of the treatment received			

Review date: Feb 2020

a) the likely nature of the claim b) the grounds for the claim c) approximate dates of the events involved d) the names of the proposed defendant e.g. Hospital, NHS Trust etc. 8 I am aware that under the Data Protection Act a fee for reasonable copying charges and a reasonable administration/access fee is payable. I am aware that this fee will not exceed £50.00. 9a) I wish to view the above records VES / NO b) I wish to receive copies of the above records YES / NO c) I request prior details of the charges 11 Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient 1 et information given in this form is correct to the best of my knowledge; 1 I am the person named in sections 13, 14 and 15; and 1 I have parental responsibility for the patient. Signed	b) the grounds for the claim c) approximate dates of the events involved d) the names of the proposed defendant e.g. Hospital, NHS Trust etc. 8 I am aware that under the Data Protection Act a fee for reasonable copying charges and a reasonable administration/access fee is payable. I am aware that this fee will not exceed £50.00. 9a) I wish to view the above records VES / NO b) I wish to receive copies of the above records VES / NO c) I request prior details of the charges Any other relevant information, particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Poclaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	7	If the answer to question 2a is "Yes" please provide details of					
c) approximate dates of the events involved d) the names of the proposed defendant e.g. Hospital, NHS Trust etc. 8 Iam aware that under the Data Protection Act a fee for reasonable copying charges and a reasonable administration/access fee is payable. I am aware that this fee will not exceed £50.00. 9a) I wish to view the above records YES / NO b) I wish to receive copies of the above records YES / NO c) I request prior details of the charges YES / NO 11 Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient 1 I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	c) approximate dates of the events involved d) the names of the proposed defendant e.g. Hospital, NHS Trust etc. 8 Iam aware that under the Data Protection Act a fee for reasonable copying charges and a reasonable administration/access fee is payable. Iam aware that this fee will not exceed £50.00. 9a) I wish to view the above records 1 I wish to receive copies of the above records 2 I request prior details of the charges 2 I request prior details of the charges 3 I required prior details of the charges 4 I amy other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient 15 Use information given in this form is correct to the best of my knowledge; 16 I am the person named in sections 13, 14 and 15; and 17 I have parental responsibility for the patient. 18 Signed	a)	the likely nature of the claim					
involved the names of the proposed defendant e.g. Hospital, NHS Trust etc. I am aware that under the Data Protection Act a fee for reasonable copying charges and a reasonable administration/access fee is payable. I am aware that this fee will not exceed £50.00. J wish to view the above records I wish to receive copies of the above records YES / NO I wish to receive copies of the charges YES / NO I request prior details of the charges YES / NO Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) Address of applicant Address of applicant Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15, and • I have parental responsibility for the patient. Signed	involved d) the names of the proposed defendant e.g. Hospital, NHS Trust etc. 8	b)	the grounds for the claim					
defendant e.g. Hospital, NHS Trust etc. I am aware that under the Data Protection Act a fee for reasonable copying charges and a reasonable administration/access fee is payable. I am aware that this fee will not exceed £50.00. J I wish to view the above records I wish to receive copies of the above records YES / NO I wish to receive copies of the above records YES / NO I request prior details of the charges YES / NO I request prior details of the charges YES / NO I request prior details of the charges YES / NO Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) Relationship of applicant Address of applicant Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	defendant e.g. Hospital, NHS Trust etc. 8	c)	• •					
copying charges and a reasonable administration/access fee is payable. I am aware that this fee will not exceed £50.00. 9a) I wish to view the above records YES / NO I wish to receive copies of the above records YES / NO c) I request prior details of the charges YES / NO 11 Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	copying charges and a reasonable administration/access fee is payable. I am aware that this fee will not exceed £50.00. 9a) I wish to view the above records YES / NO I wish to receive copies of the above records YES / NO I request prior details of the charges YES / NO I request prior details of the charges YES / NO Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) Name of applicant Relationship of applicant Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	d)	defendant e.g. Hospital, NHS Trust					
payable. I am aware that this fee will not exceed £50.00. 9a) I wish to view the above records b) I wish to receive copies of the above records YES / NO c) I request prior details of the charges YES / NO 11 Any other relevant information, particular requirements, or any particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	payable. I am aware that this fee will not exceed £50.00. 9a) I wish to view the above records b) I wish to receive copies of the above records 7ES / NO 1 I request prior details of the charges 7ES / NO 1 Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient 1 Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	8						
9a) I wish to view the above records PES / NO I wish to receive copies of the above records PES / NO I request prior details of the charges PES / NO Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) Name of applicant Address of applicant Peclaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	9a) I wish to view the above records b) I wish to receive copies of the above records c) I request prior details of the charges Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed				YES / NO			
b) I wish to receive copies of the above records C) I request prior details of the charges TYES / NO 11 Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	b) I wish to receive copies of the above records c) I request prior details of the charges YES / NO 11 Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	02)		not exceed £50.00.	VES / NO			
c) I request prior details of the charges Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed Dated Da	c) I request prior details of the charges 11 Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	9a)	I WISH to view the above records		TES / NO			
Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	Any other relevant information, particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	b)	I wish to receive copies of the above records		YES / NO			
particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	particular requirements, or any particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	c)	I request prior details of the charges		YES / NO			
particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	particular documents not required (for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	11	Any other relevant information,					
(for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	(for example, copies of computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed							
computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	computerised records) 12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed		· — ·					
12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	12 Name of applicant 13 Address of applicant 14 Relationship of applicant to patient Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed							
Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	Address of applicant Peclaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed		computerised records)					
Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	12	Name of applicant					
Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	13	Address of applicant					
Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed	Declaration I declare that: • the information given in this form is correct to the best of my knowledge; • I am the person named in sections 13, 14 and 15; and • I have parental responsibility for the patient. Signed							
the information given in this form is correct to the best of my knowledge; I am the person named in sections 13, 14 and 15; and I have parental responsibility for the patient. Signed	the information given in this form is correct to the best of my knowledge; I am the person named in sections 13, 14 and 15; and I have parental responsibility for the patient. Signed	14	Relationship of applicant to patient					
I am the person named in sections 13, 14 and 15; and I have parental responsibility for the patient. Signed	I am the person named in sections 13, 14 and 15; and I have parental responsibility for the patient. Signed							
Countersignature I (insert full name) certify that the applicant (insert name) has been known personally to me as a(insert in what capacity, for example as an employee, client, patient etc.) foryears and that I have witnessed the signing of the above declaration.	Countersignature I (insert full name)	I am the person named in sections 13, 14 and 15; and						
I (insert full name)	I (insert full name)	Sign	Signed					
certify that the applicant (insert name)	certify that the applicant (insert name)	<u>Countersignature</u>						
Signed		certify that the applicant (insert name)						
	Address	Sign	ed	Dated	Dated			
Address								