



Subject Access Request (SAR) - Proxy Access for Adults

I _____ (name of patient), give permission to my GP practice to give the following person/people _____ (name of requestor) proxy action to the medical records indicated below.

I am applying for access to view my records only	
I am applying for a printed copy of my medical record	

Please specify what information you are requesting:

I would like a copy of the records between specific dates only (please give dates below)	
I would like a copy of records relating to a specific condition/specific incident only (please detail below)	
I would like a copy of all my electronic records (held on computer)	
I would like a copy of all my electronic and paper records since birth	
Details:	

Patient Signature		Date	
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I/We wish to have access to the health records on behalf of the above named patient

Surname		Surname	
First Name		First Name	
Date of Birth		Date of Birth	
Address		Address	
Postcode		Postcode	
Email		Email	
Telephone		Telephone	

Reason for access:

I/We have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	
I/We are acting <i>in loco parentis</i> and the patient is incapable of understanding the request	

I declare that the information given by is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Act 2018.

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.



Requestor Signature		Date	
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Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However, all applicants will be asked to provide a forms of photo identification, this can include a passport, photo driving licence or national identity card. We will not be able to set up access without this.

Please speak to reception if you are unable to provide this.

Additional Notes:

Before returning this form please ensure that you have:

- Signed and dated the form
- Are able to provide proof of your identity or alternatively confirm your identity by a countersignature
- Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.