



**Subject Access Request (SAR) - Proxy Access for Under 16**

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 <b>view</b> 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:	

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

<b>Surname</b>		<b>Surname</b>	
<b>First Name</b>		<b>First Name</b>	
<b>Date of Birth</b>		<b>Date of Birth</b>	
<b>Address</b>		<b>Address</b>	
<b>Postcode</b>		<b>Postcode</b>	
<b>Email</b>		<b>Email</b>	
<b>Telephone</b>		<b>Telephone</b>	

Reason for access:

I have been asked to act by the patient	
I have full parental responsibility for the patient and the patient is under the age of 16 and has consented to me making this 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.



<b>Requestor Signature</b>		<b>Date</b>	
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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.

If a child aged 13 or over has “sufficient understanding and intelligence to enable him/her to understand full what is proposed” (known as Gillick Competence), then they will be competent to give consent for him/herself.

They may wish a patient to countersign as well.

If the child is under 18 and not able to give consent for themselves, someone with parental responsibility may do so on their behalf by signing this form.