Parkhill Medical Practice
Access to Health Records & Requests for other personal information

Data Protection Act 2018, for living patients
ACCESS TO HEATH RECORDS ACT 1990, for deceased patients

Section 1 – Details of person whose records are being requested

Surname .....

Former surname if applicable .....

First Name(s) .....

Date of Birth .....

Address .....

..... Postcode .....

Daytime telephone number .....

Section 2 – What information is required?

A DWP/PIP information summary report only	
Medical records (in disc form)	
Partial medical records From ..... to	
Other (please specify)	

I accept full responsibility for the privacy and safeguarding of this information. I understand that Dr Whitelaw & Partners take **no** responsibility after I have taken possession of this information.

Name (print) .....

Signature .....Date .....

FOR OFFICE USE ONLY:-

Witnessed by ..... Position .....

Photographic ID shown .....