

**The Pentlands Medical Centre
Third Party Access to Medical Records
Application Form**

Section 1: Please fill in this section as fully and accurately as possible, with the personal details of the person this access request is about.

Last name:		First name:	
Address:			
Date of Birth:			
Home Phone: Mobile Phone :			
CHI (community health index) if known			

Section 2: Information you want to access

Give details in the box below of the records or information you want to access.

Section 3: Format you would like to receive the information

Please put an X in the appropriate box to show which information you want and the format you would like the information in (discuss this with staff if you are not sure).

Details	Manual (paper)	Computerised
See original records only	<input type="checkbox"/>	<input type="checkbox"/>
Ask for a copy	<input type="checkbox"/>	<input type="checkbox"/>
See records and receive a copy	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Who is applying for access to the information.

Please tick the relevant box that applies:

- I have been asked to act on behalf of the person named in Section 1, and that person has filled in Section 6. → **Go to Section 5**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and has a general understanding of what it means to request access to personal information (in Scotland, the law presumes this for children aged 12 years and above), and they have filled in Section 6 → **Go to Section 5**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and is not able to understand the request → **Go to Section 7**
- I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this (**please provide a certified copy**) → **Go to Section 8**
- I hold a welfare power of attorney in relation to the person named in Section 1 and enclose proof of this (**please provide a certified copy**) → **Go to Section 8**

Section 5: Details of the person acting on behalf of others.

You must fill in this section if the person named in section 1 has given you permission to act on their behalf

Name: (Please print)	
Address and postcode we should send a reply to:	
Contact phone number:	

→ Now please complete Section 6

Section 6: Permission

You must fill in this section if you are the person named in Section 1 and you have given the person named in Section 5 permission to act on your behalf.

I give you, **Pentlands Medical Centre**, permission to give _____
(enter the name of the person acting on your behalf) the personal information requested in this form. I have given them permission to act on my behalf.

Signature: _____ Date: / /

Print Name: _____

→ Now go to Section 7

Section 7: Identification / Countersignature

Everyone must complete this section UNLESS you are providing:

- A certified copy of a Power of Attorney document or Guardianship Order

The information we hold is confidential and we must get proof of your identity and your right to receive any relevant information. There are two ways you can do this, **please place a tick in the relevant box next to your preferred option:**

1 - Provide Two Forms of Identification (ID)

We require proof of identification and current address. The following is a list of documents we will accept

Proof of ID

- Copy of the identification/photographic page from a current passport
- Copy of the identification/photographic section of a current driving licence
- Other forms of photo ID including travel pass, work badge

Proof of Address

- Copy of a recent utility bill, current rental agreement or bank statement

Any financial details can be redacted (blacked out) or removed.

Section 8: Declaration

You must sign this section, and if providing a countersignature to confirm your ID the person you have named in Section 7 (the counter signatory) must be present when you sign.

Releasing information

Keeping personal information confidential and secure is extremely important to us.

Please bring along two forms of identification with you, including one which has your photograph on (see description in Section 7 detailing what we will accept).

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of **Data Protection Legislation**"

Signature: _____

Print Name: _____

Date: /

