

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

Section 1: Your details

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.

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 3: Declaration

You must sign this section, and the person you have named in section 4 (the counter signatory) must be present when you sign.

I declare that, as far as I know, the information I have given in this form is correct.

Signature:	Date:
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Section 4: Countersignature

We ask for a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Any of the following can sign.

- A Member of Parliament
- A Justice of the Peace
- A minister of religion
- A professional and qualified person (for example, lawyer, engineer or teacher)
- A bank employee, civil servant or police officer

As the person countersigning, you only need to confirm the identity of the person applying, and be a witness when they sign the declaration in section 3. You do not need to see the rest of the form.

In some cases we may ask the person applying to produce more documents as proof of their identity.

I (write your full name) _____

confirm that I have known (name of the person applying) _____

for _____ years, and I was present when they signed the declaration.

Signature:		Date:	/ /
Full Name:		Profession:	
Address:			
Postcode:		Phone number:	