

Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access.

I am applying to access my health records

I have instructed my authorised representative to apply on my behalf and I consent to the practice communicating with this person regarding my medical records

I am applying as the patient is under 13 and I am their parent/ guardian

Signed: _____ Date: _____

Please hand this form into reception along with **2 forms of ID** (e.g. passport or photo driving licence plus utility bill or council tax bill)

If you are the patient's representative please give your details here:

Full Name: _____

Address: _____

_____ Postcode: _____

Contact number (including area code) and E-mail

E-mail address: (optional)

Relationship to patient e.g. Friend, parent etc.

Signed: _____ Date: _____

Please note that the above still applies regarding ID for the patient. In addition the representative will be required to produce photographic ID if medical records are to be viewed/ collected.

Consent for Children Under 13

Everyone aged 13 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If you're under 13, your parent or guardian must apply to see your records on your behalf or consent to a representative. Please see www.nhsinform.scot for further information.

For Practice Use Only

Date of application received: _____

ID Documents Verified:	1.	
	2.	

Received by:

Signed:

Date:

Passed to Medical Secretaries Date: