



Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS
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SUBJECT ACCESS REQUEST FOR ACCESS TO FULL MEDICAL RECORDS

Name of Patient	
Date of Birth	
NHS Number	
Date of Request	
Patient Signature	
Nature of access	<p>Please select one of the following</p> <p><input type="checkbox"/> Online Visibility of Medical Records</p> <p>Or</p> <p><input type="checkbox"/> Electronic Copy of Clinical Record</p>
Patient Defined Specifics (only when selected info is required)	For example ALL items in reference to Physio therapy relating to Knee
Detail of Request	<p><input checked="" type="checkbox"/> Full Notes</p> <p><input type="checkbox"/> Partial Notes date range to be defined</p> <p>Click here to enter a date.</p> <p>Click here to enter a date.</p>
Purpose of the Request. Please provide a brief outline of the reason for the request	For example for shotgun licence application.
To be completed by the FPHG Team	
Consent obtained by Usual GP	
GP Signature (Authorisation of online visibility)	

Laura Taw
Data Protection Officer

Please return your complete access form to the administration team Admin.fphg@nhs.net

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