



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 Or <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 type="checkbox"/> Full Notes</p> <p><input type="checkbox"/> Partial Notes date range to be defined Click here to enter a date. 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 nehfccg.adminfphg@nhs.net

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