**Template 5: Request access to medical records**

**PRIVATE AND CONFIDENTIAL** (INSERT) Your address

(INSERT) Date

(INSERT) Name of records manager or practice manager

Their address

Dear……

**Re** (INSERT) **name, date of birth, address**

I am writing to request access to my medical records under section 45 of the Data Protection Act 2018.

I include below relevant personal information to assist you in identifying these.

(INSERT) State whether you are requesting your own records, those of a relative, those of a child of whom you are the guardian, those of a deceased relative.

(INSERT THE FOLLOWING DETAILS FOR THE REQUESTED RECORDS)

* Full name and address, postcode, date of birth, male or female
* Previous name or address on medical records if this is different to current name and address
* The name of the hospital (or NHS premises) ward or department, consultant and dates of admission or attendance.

(INSERT)

* Say whether you would like to view the original paper records, if you require photocopy/ies or require a printout of any computerised documents
* State whether you want to see all the record or only certain parts, specific documents or correspondence and identify these.

I would prefer to be contacted (by letter / email/ phone)

(INSERT THE RELEVANT CONTACT DETAILS)

Yours sincerely

Sign your name here

Print your name here

**Important:**

1. **If you are applying on behalf of someone else, you should also attach the necessary letter of consent.**
2. **Some NHS boards have their own forms for requesting access to medical records and they may send this to you to complete.**
3. **NHS boards may contact you to ask you to provide additional information or personal details.**