KENT FAMILY MEDICAL

Access to Medical Records

Subject Access Request - Application Form

Full Information, including necessary proof of identity and authorisation, can be read at:
www.KentFamilyMedical.co.uk/SAR

Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.

Records must be collected from the Practice; you will to bring a password protected memory stick device, or equivalent.

Details of the Patient / Client medical records to be accessed	
First Name	Date of Birth
Middle Name(s)	Current Address
Surname	
Telephone number	
NHS Number (if known)	Postcode
Email address:	

Access Request Details	Tick
I wish to view the records at Kent Family Medical (a fee is payable to view alongside one of our doctors)	
I wish to receive a digital copy of medical notes	
Both of the above	
I am applying for a brief summary of records (significant and past problems, medications, allergies, immunisation history and recent blood test results, if held)	
I am applying for notes relating to a particular date period or condition (please detail):	
I am applying for a copy of all the computerised medical notes	
Reason for request (please detail):	

Details of the Applicant (complete if different to patient details):	
Full Name	Relationship to patient:
Company (if applicable)	Current Address
Telephone number	
Email address:	
	Postcode

Authorisation to release medical records by patient	
I (print name) _____ hereby authorise Kent Family Medical to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.	
Signature of patient / client:	
Date:	

Please bring the following proof of ID & Authority to the practice:

Applicant	In addition, if applicant is not the patient:
Two of: Driving license Passport Birth certificate *at least form of photo ID	**For another adult:** ☐ A letter of authorisation from the patient with proof of their identity as above - or - ☐ A copy of Lasting Power of Attorney
	For a child: ☐ A copy of the child's birth certificate or passport. ☐ Where a child is capable of giving consent, a letter from the child authorising the application (e.g. **most children over 13 yrs of age**).
	For a deceased patient: ☐ A copy of the deceased's death certificate ☐ If available, a copy of the Grant of Probate naming you as the deceased's representative or executor.

Applicant Declaration

I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act / Data Protection Act.

Please select one box below:

- ☐ I am the patient/client/staff member (data subject).
  I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.
- ☐ I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).
- ☐ I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)
- ☐ I am the parent/guardian of a data subject under 16 years old who is unable to understand the request.
  I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order
- ☐ (attached).
  I am the deceased patient/client's personal representative and attach confirmation of my appointment.
- ☐ I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Requests will be responded to within one calendar month after receiving all necessary information and/or fee required to process the request. This period can be extended for a further two months where requests are complex or numerous, and you will be advised if this is the case.
- Under the terms of Section 7 of the Data Protection Act, information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

Signature of patient / client:	
Print Name:	**Date:**

Please complete and send this document to:

support@kentfamilymedical.co.uk
or,
Kent Family Medical, 1A Mereworth Business Centre, Dann's Lane, Mereworth, ME18 5LW

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Our recommendation is to view your medical records with one of our team, in the first instance. This allows us to explain any entries that you may have questions about.

If you wish to view the records with one of our doctors, we can make an appointment for you, which will be charged.

View our privacy policy: www.KentFamilyMedical.co.uk/privacy

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v1.1 April 2026