

# ACCESS TO GENERAL PRACTITIONER RECORDS

## AUTHORITY FOR RELEASE OF GENERAL PRACTITIONER RECORDS FOR CHILD UNDER THE AGE OF 13

**TO:** CROWN MEDICAL PRACTICE, Tamworth Health Centre, Upper Gungate,  
Tamworth, Staffordshire B79 7EA

### SECTION 1

If you have parental responsibility and are making this request on behalf of your own child.  
Please fill in the details of the **child** below not your own.

<b>SURNAME:</b>
<b>FORENAMES:</b>
<b>DATE OF CHILDS BIRTH:</b>
<b>ADDRESS:</b>
<b>POSTCODE:</b>
<b>PREVIOUS ADDRESS:</b>
<b>POSTCODE:</b>
<b>DAYTIME TELEPHONE NUMBER:</b>

I AM ENCLOSING COPIES OF THE FOLLOWING DOCUMENTS AS PROOF OF THE CHILDS  
IDENTITY

BIRTH CERTIFICATE

PASSPORT

I REQUEST A COPY OF: (PLEASE ONLY TICK ONE OPTION)

	<u>ALL</u> my medical records (all held from birth if we have them)
	Medical records dated from ..... (insert date)
	Medical records relating to the following injury and/or condition: ..... .....
	<u>ALL</u> medical records <u>except</u> those relating to the following injury/condition: ..... .....

Section 2

Please complete this section of the form with your details as the person with parental responsibility for the child whose information you are seeking.

It is important that you provide evidence of your identity as well as that of the patients and proof of your right to act on their behalf.

<b>TITLE:</b> <b>MR</b> <b>MRS</b> <b>MS</b> <b>MISS</b> <b>OTHER</b>
<b>SURNAME:</b>
<b>FORENAMES:</b>
<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>
<b>POSTCODE:</b>
<b>DAYTIME TELEPHONE NUMBER(S):</b>
<b>EMAIL FOR NOTES TO BE SENT TO:</b> .....

**PLEASE PROVIDE PROOF OF IDENTITY**

<b>I AM ENCLOSING COPIES OF THE FOLLOWING DOCUMENTS AS PROOF OF IDENTITY</b>		
Birth Certificate <input type="checkbox"/>	Driving Licence <input type="checkbox"/>	Passport <input type="checkbox"/>

What is your relation to the Patient ? ( e.g. parent, guardian or legal representative)

I am enclosing the following copy as proof of parental responsibility and legal authorisation to act on behalf of the patient.

Parental Responsibility agreement  Court Order  Childs Birth Certificate (if not provide above)  Adoption papers  Other (give details)

Do you have a court order or parental responsibility agreement?

YES

NO

**AUTORISED PERSON – DECLARATION:**

I confirm that I have parental responsibility for the child who is the data subject I understand the Crown is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

I understand that my general practitioner has a duty to peruse my records before they are released, and that he/she may withhold any references to third parties, or information that he/she considers may be harmful for me to know.

NAME:

SIGNATURE:

DATE: