

Primrose Gate Medical Centre: Request form for Access to Medical Records

Access Request for Medical Records

I wish to obtain a copy of the medical record held at:

Practice

Name of Practice	Primrose Gate Medical Centre
Name of General Practitioner	

Patient

First Name	
Family Name	
Date of Birth	
Address	
Signature	
Date	

For Practice Use Only:

Date Request Received	
Method of Identification	
Date record Provided	
Person managing access request	

Notes:

No fee is chargeable for providing a copy of the medical record. It is important for the practice to verify the identity of the person making an access request or providing an access authorisation.