

4.	Authorisation to release to Applicant (to be completed by the patient/client/staff member if not making their own request)
<p>I (print name) _____ hereby authorise the xxxxxxxxxx to release any personal data they may hold relating to me to the above applicant whom I authorise to act on my behalf.</p> <p>Signature of patient/client/staff member : _____ Date: / /</p>	

5.	Declaration		
<p>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 (1990) / Data Protection Act.</p> <p>Please select one box below:</p> <p><input type="checkbox"/> I am the patient/client/staff member (data subject).</p> <p><input type="checkbox"/> I have been asked to act on behalf of the data subject and they have completed Section 4 (Authorisation) above.</p> <p><input type="checkbox"/> I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.</p> <p><input type="checkbox"/> I have been appointed the guardian for the patient/client, who is over 16 years old, under a guardianship order (attached).</p> <p><input type="checkbox"/> I am the deceased patient's/client's personal representative and attach confirmation of my appointment.</p> <p><input type="checkbox"/> I have a claim arising from the patient's/client's death and wish to access information relevant to my claim. (Covering letter with further details to be supplied.)</p> <p>Please Note:</p> <ul style="list-style-type: none"> ▪ If you are making an application on behalf of somebody else we require evidence of your authority to do so - i.e. personal authority, court order etc. ▪ You will need to provide evidence of identity (i.e. Driving Licence or Passport). ▪ 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. ▪ Under the terms of the Data Protection Act, requests will be responded to within 30 days after receiving all necessary information and/or fee required to process the request. ▪ For requests under the Access to Health Records Act 1990, requests will be responded to within 40 days. ▪ Under the terms 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. 			
Print Name	Signed (Applicant)	Date	/ /