Consent Form

The General Data Protection Regulations and Data Protection Act 2018 gives every person the right to apply for access to their health records.

To Burton Latimer Medical Centre;

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
|  |  |
|  |  |
| Email Address |  |
| NHS Number |  |
| Date of Birth |  |

I would like to request the following

|  |  |  |  |
| --- | --- | --- | --- |
|  | Y / N | Venue of test / letter | Date of Test / letter |
| Blood Test Results |  |  |  |
| Clinical Consultation |  |  |  |
| ECG |  |  |  |
| Hospital Letter |  |  |  |
| MRI / CT scan |  |  |  |
| Stool / Urine Sample Results |  |  |  |
| Ultrasound |  |  |  |
| Vaccination History |  |  |  |
| X-ray |  |  |  |
| Other (add below) |  |  |  |
|  |  |  |  |

Signed

Date