



Appendix A

Application Form – Subject Access Request – Medical Records

Please complete all parts of the form and return to

records@stjosephshospital.co.uk or

Medical Records department, St Joseph's hospital, Harding Avenue, Newport, NP20 6ZE

Patient Name		DOB
Address		
Previous Addresses		
Please describe the information you require together with any other relevant information eg date of operation/procedure, type of appointment, the consultant you saw etc		
I would like photocopies send recorded delivery:		Yes/No
I would like to attend to view the original record:		Yes/No
I would like an email sent securely		Yes/No

Name

Signed Date

Contact telephone number.....



Request for images

Please complete all parts of the form and return to

AdvancedDiagnostics@stjosephshospital.co.uk or

Advanced Diagnostics department, St Joseph's hospital, Harding Avenue, Newport, NP20 6ZE

Please tick all that apply

- The images are for my own personal use
- The images are for an appointment I am going to
- The Images are part of a medical legal proceedings

Email for link:

Mobile number for password:

Images required (date and type):

I understand that within 5 working days a link to download the images will be emailed to me with a password text through to myself once the link has been clicked.

I understand that images and a viewing software will download on to my PC or MAC.

I understand that I have 60 days from the point of email to download the images. If I fail to download the images in time a cost will be incurred for the images to be resent.

I understand once the images have been downloaded, I take responsibility for these images.

Name

Signed Date

Contact telephone number.....



Collecting the copies in person

When collecting copies in person you will be required to provide proof of identification, such as driving licence, passport or recent utility bill.

If you have consented to having another person collect on your behalf, please give the name below and in what capacity they have been given your authorisation/ consent. The nominated person collecting your record will need to provide identification as mentioned above.

Your signature:

Print Name:

Date:

Nominated person's and/or
Organisation's name:

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Relationship:

Address:

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