

Patient Authority Consent Form
Access to Health Records under the
Data Protection Act 1998
(Subject Access Request)

Patient's authority for release of health records
(Manual or Computerised Health Records)

To:

(full name and address of GP/NHS Trust)

Full name : (Mr/Mrs/Miss) _____

Former name _____

Date of Birth: _____

NHS Number (if known) _____

Doctor _____

Address _____

Postcode : _____

Home Telephone _____

Mobile _____

Email Address _____

I hereby request a copy of my personal medical records, held by the surgery listed above, to be uploaded electronically to my account at www.zaptag.com.

Signed (Patient) _____ Date _____

I hereby authorise the record copy transfer for the above patient.

Signed (Doctor) _____ Date _____