

Form of Consent to Access Medical Records

Patient Details (The person whose records Beacon Health Care UK is to be given access to)	
Surname(s)	
First Name(s)	
D.O.B	
Male/Female	
NHS Number (If known)	
Address	
Telephone Number	

Details of company to be given access to this patient's information	
Company	Beacon Health Care UK Parkway House, Palatine Road, Northenden M22 4DB
Reason	Treatment or diagnosis of the above individual

Please detail below if access is to be limited in any way (e.g. For a specified time only)

I make this request under the provisions of the general data protection regulations and the data protection act 2018. The Subject Access Request (SAR) gives an individual the right to access and request copies of their medical records.

I confirm that I give permission for my GP Practice to communicate with the company identified above in regard to my medical records.	
Printed Name	
Signed	
Date	