

Retrospective Online Access Application

(Request to view OWN historic records using an online app)

SECTION 1. PATIENT DETAILS	
Forename(s):	
Surname:	
Date of Birth:	
NHS Number (if known):	
Address / Postcode: Contact Number:	
Email Address:	
SECTION 2. ACCESS	tick one box
I wish to view my full online historic online record using an NHS approved app	<input type="checkbox"/>
I wish to view my historic online record from the date _____ onwards	<input type="checkbox"/>
SECTION 3. PROOF OF IDENTITY	
For us to process your application please provide two forms of your identity, one from each group :	
1st form of ID - please supply a photocopy of one of the following:	
<ul style="list-style-type: none">• Full driving licence• Passport• ID Card• Birth or marriage certificate	
2nd form of ID - please supply a photocopy of one of the following showing your current address:	
<ul style="list-style-type: none">• Bank Statement (within last 4 months)• Council Tax bill or utility bill (within last 4 months)• Benefit or Pension entitlement (within last 4 months)	
SECTION 4: DECLARATION	
Applicant Declaration: I declare that the information I have given is correct to the best of my knowledge and I am entitled to apply for access to these records under data protection legislation. I understand it is an offence to attempt to obtain information without authorisation. I confirm I am providing copies of required identification.	
Print Name:	
Signature:	Date: