

AUTHORISATION FOR THE RELEASE OF MEDICAL RECORDS TO PATIENT

I, (patient name) _____
(date of birth) _____
of (address) _____

hereby request Highgrove Surgery, Barking Community Hospital, Upney Lane, Barking, Essex, IG11 9LX, as the holder of my General Practitioners Records, to release a copy in paper form or on Compact Disc {CD}

of (*please tick/fill in the dates for one of the following*):

- My full set of Medical Records from birth to present date
- My Medical Records for the period from _____ to _____
- My Medical Records in relation to the incident/accident that took place on _____

to me.

I understand that there will be a charge for this service of between £10 (Computer printout only) and £50 (computer printout and paper record copies/CD) depending on the overall volume of the records requested.

I confirm that no action is contemplated against any person working at Highgrove Surgery as a result of the above information being released.

Signature

Date