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Patient Request for Access/ Release of Personal Health Information

Dear Dr. _____

Address: _____

The patient below is now attending our medical practice. Could you please forward details of their medical treatment with you, in the form of either a full copy of their record or an accurate summary to the doctor mentioned above, who is now responsible for their ongoing care.

If your practice uses Medical Director, we would be happy to receive the electronic data via MDEXchange or on a CD/USB stick in .html format.

For practices using Best Practice, please create the file in .html format. Thank you

Where appropriate, could you please also provide us with a scanned copy of the following, completed table:

Assessment	Date	Assessment	Date
GPMP		Medication Review	
TCA		Annual Diabetic Cycle of Care	
Over 75 Health Assessment		45-49 Year Old Health Check	
HP Mental Health Treatment Plan / Review		Specialist Review	
PAP Smear		Other	

PATIENT AUTHORITY

Patient's Name: _____

Address: _____

Date of Birth: _____

I request that you forward details of my medical treatment with you to the doctor mentioned above, who is now responsible for my ongoing care.

I authorise the doctor/practice named above to provide a copy or summary of my health records to:

I understand that a fee may be charged for the cost of providing access, or providing copies.

.....
Patient signature

..... / /
Date.