***Drs Bethan Jones & Michael Barker***

**Bron Derw Medical Centre, Glynne Road, Bangor, Gwynedd, LL57 1AH TEL: 01248 370900**

***Data Protection Act – Request for Copies of My Medical Records (Under 14)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 1 – Your Details | | | | | | | | | | | | | |
| Please make sure you use your formal name in this section | | | | | | | | | | | | | |
| Mr/ Mrs/ Ms/Miss Dr or other | | | | Other |  | Surname | | |  | | | | |
| First Name | | | |  | | | | | | | | | |
|  | | | |  | | | | | | | | Other Initials |  |
| Address | | | |  | | | | | | | | | |
|  | | | |  | | | | | | | | | |
| Date of Birth | | | |  | | | | | | | | | |
| Section 2 – Information you require – please complete 1,2 or 3 | | | | | | | | | | | | | |
| 1. | Please provide me with copies of information about the following accident/event | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| 1.1 | Reason why you are requesting this information | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 2. | Please provide me with copies of my medical records for the following period | | | | | | | | | | | | |
| From: | | |  | | | | To: |  | | | | | |
| Section 4 - Signature and name of parent/guardian collecting | | | | | | | | | | | | | |
| Signed | |  | | | | | | | | Date |  | | |

Verified by:

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Date:

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Information extracted by:

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Date of extraction:

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**Office use only – scan after completion**

ID provided (one of each category below):

Photographic ID such as:

* Passport or Full Birth Certificate □

As under 14, the Parent/Guardian will need to provide

proof of address where the child is living:

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