

NETTLEHAM MEDICAL PRACTICE
APPLICATION FOR AMENDMENT TO HEALTH RECORDS

Details of the record to amend:

Patient Surname:	NHS Number:
Forename(s):	Address:
Date of Birth:	
Telephone Number:	
Email Address:	

Section of record to be amended – include date/time/clinician where applicable	Reason for amendment being requested

I am applying for an amendment to my health record under the General Data Protection Regulations 2018 and understand and agree with each statement (please tick):

1. I have read and understood the Access to Medical Records leaflet provided by the practice.	<input type="checkbox"/>
2. I understand that amendment requests will be answered within one month but could be extended to three months if the request is complex.	<input type="checkbox"/>
3. I understand that record entries will not be amended if it is found to be factually accurate.	<input type="checkbox"/>
4. I understand that if the practice deems there to be no inaccuracies and I am not in agreement, no amendment will be made however an addendum will be added to the record to state this.	<input type="checkbox"/>

Signed: _____ Date: _____

Certification: I certify that I am (name) _____

Of (address) _____

And that I have been known to the applicant for ___ years as an employee/client/patient/personal friend and have witnessed the applicant sign this form.

Signed: _____ Date: _____

Official Use Only

Form received Signed: _____ Date: _____

Health Professional Advising (Name): _____