



Access Removal Form – Access to Records

Newhall surgery takes patient confidentiality very seriously. We strive to ensure your information is always kept confidential and secure. However, we appreciate that due to various constraints you may have previously nominated a representative to have access to your data.

You have the right to withdraw this access at any time should you no longer wish for your chosen representative to have access to your medical records. You may also wish for their access to be limited as your circumstances may have changed. Should this be the case, please complete the below form.

Section 1: Details of the patient

Full Name	
Address	
Post Code	
Date of Birth	

Section 2: Details of the representative

Full Name		
Address		
Post Code		
Date of Birth		
Are they a registered patient at Newhall Surgery?	Yes	No
Do you wish for the access to be completely removed? <i>They will no longer be able to talk on your behalf without gaining express permission from yourself in the first instance</i>	Yes	No
If no to the above, do you wish for the access to be limited?	Yes	No
If yes to the above, in what capacity would you like the access to records to be limited? <i>For example, you may wish for them to be downgraded from having level 2 access to level 1 access, or you may wish for their access to be limited to just discussing specific conditions.</i>		

Signed: Date: