

Request for copies of lab results/letters

In line with Data Protection legislation, you are entitled to obtain copies of information held about you. In order of us to comply with your request please supply the following information: -

Full name.....

Date of birth.....

Address.....
.....

Details of exactly what information is required.....
.....
.....

If you require copies in relation to legal, benefit or employment purposes you may not be aware there are longstanding processes in place to allow the appropriate agencies to obtain this information (with the appropriate consent) which avoids a direct request by the patient.

On receipt of the request and verification of ID, we have up to 1 month to provide the information.

PRACTICE USE ONLY

Date received.....

ID checked.....

Verified by.....

Passed to office.....