

REQUEST TO VIEW YOUR HEALTH RECORD AUDIT TRAIL

Please complete and return this form, along with the appropriate identification to: info.chie@nhs.net

Please Tick: Dr Mr Mrs Ms Miss

First Name(s): (in full) _____

Last Name: _____

Home Address: _____

Date of Birth: _____

GP Name (if known): _____

Surgery Name & Address: _____

Proof of identification is required to ensure that the audit is being carried out for the correct person. Please enclose a **PHOTOCOPY** of **TWO** or **MORE** of the following showing your: First Name, Last Name, Address and Date of Birth

Current UK Driving Licence <u>Or</u> one of these Personal ID: Current signed passport, ID Card or Birth Certificate	plus one of the following that shows your address	Recent utility bill (Within the last 3 Months)
		Local Authority Council Tax Bill
		Bank/Building Society Statement of personal account

If this information is not provided we cannot process this application any further.

Declaration: To be completed by the applicant. Please note that any attempt to mislead may result in prosecution.

I certify that the information given on this application form is true. I understand that it is necessary for the Care and Health Information Exchange to confirm my identity, and that it may be necessary to make further checks to ensure the correct information is provided.

Please sign below to confirm that you give permission for the Care and Health Information Exchange Co-ordinator to access and print out your Care and Health Information Exchange Audit Trail, to provide you with a copy.

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Signature

Date