

PATIENT REPRESENTATIVE AUTHORITY CONSENT FORM ACCESS TO HEALTH RECORDS UNDER THE DATA PROTECTION ACT 1998 (SUBJECT ACCESS REQUEST)

**PLEASE COMPLETE, SIGN AND DATE THIS SUBJECT
ACCESS REQUEST FORM, THEN RETURN IT TO US.**

Patients authority for release of health records (Manual or Computerised Health Records)

Legal & General reference:

Patient Name:

Date of Birth:

D	D	M	M	Y	Y	Y	Y

Dear Doctor,

I authorise Legal & General Assurance Society Limited to apply for a copy of my full health records (excluding predictive genetic test results) under the Data Protection Act 1998 (the Act) within 12 months of the signature date and in order to process any future claim.

I authorise you to provide the information in the format they request and to send the information directly to them.

This is in addition to any other subject access requests I may have made previously.

Signature

Date

D	D	M	M	Y	Y	Y	Y

Legal & General Assurance Society Limited

Registered in England No. 166055

Registered office: One Coleman Street, London EC2R 5AA

This is also our head office in the United Kingdom

We are authorised and regulated by the Financial Services Authority.

We are members of the Association of British Insurers.

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