



Patient Authority and Subject Access Request

Imaging Records

UK GDPR Article 15 and Data Protection Act 2018

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Patient details

Full name		Date of birth DD/MM/YYYY	
NHS number		Contact telephone	
Email address		Postcode	
Current address			
Previous name / address If relevant to locating the records			

Hospital / imaging provider

Organisation / NHS Trust		Hospital / imaging centre	
Department	Radiology / Imaging	Approximate scan date(s)	
Type of scan Tick all that apply	☐ MRI ☐ CT ☐ X-ray ☐ Ultrasound ☐ Mammography ☐ Nuclear Medicine ☐ PET-CT ☐ Other: _____		
Body area / examination			

Request and authority

Request. I request access to and a copy of the imaging records identified above. Please provide the diagnostic image files in their original electronic format where available (for example DICOM), together with any associated radiology report(s) requested or held in connection with those images.

Authority for Doctorum Limited to act on my behalf. I authorise Doctorum Limited to make and manage this subject access request on my behalf, to correspond with the organisation holding my records, and to receive the requested imaging records and associated information directly on my behalf. I authorise the organisation holding my records to disclose the requested information to Doctorum Limited for this purpose.

Scope of authority. This authority is limited to obtaining the imaging records and associated information described in this form. It does not authorise Doctorum Limited to access unrelated medical records or to make healthcare decisions on my behalf.

Identity and further information. The organisation holding the records may request reasonable and proportionate evidence of my identity or further information needed to locate the records. Doctorum Limited may provide information I have supplied for the purpose of progressing this request.

Secure delivery. Please provide the requested records securely to Doctorum Limited. Doctorum will provide appropriate secure transfer details where required.

Patient declaration

I confirm that the information provided on this form is correct. I understand that I am appointing Doctorum Limited as my representative for this request and authorising the requested records to be released to Doctorum Limited.

Patient signature

Patient full name

Date (DD/MM/YYYY)

For the records holder: A third party may make a subject access request on an individual's behalf where appropriate authority is provided. This signed form is intended to evidence the patient's authority for Doctorum Limited to make this request and receive the specified information on their behalf.