





**5.**

I declare that the information given by me on this form is correct to the best of my knowledge and that I am entitled for access to the health record detailed in Section 1 under the terms of the UK General Data Protection Regulation and Data Protection Act 2018.

I am: *(please delete as appropriate)*

1. The patient referred to in Section 1 or;
2. The person who has been asked to act on the patient's behalf, by the patient, who has signed Section 6 below to provide consent or;
3. The parent OR acting in loco parentis to the patient who is under 16 (see 7.3) or;
4. The person who is acting on the patient's

