

## AUTHORISATION TO RELEASE MEDICAL RECORDS



HARLEY STREET  
CONCIERGE

Dear Doctor / Medical Records Manager

### Authorisation to Release Medical Records – Subject Access Request

Client name:

Date of birth:

Address:

NHS Number (if known):

In accordance with the Data Protection Act 1998, please find below the signed authorisation to release all relevant medical history to Harley Street Concierge. The above-named Client has appointed Harley Street Concierge to assist in facilitating access to services in relation to their treatment.

Please send by fax +44 (0) 333 333 9700, email [medicalrecords@hscuk.com](mailto:medicalrecords@hscuk.com) or post to Harley Street Concierge, The Square, Basing View, Basingstoke, Hampshire, RG21 4EB the following information:

- Recent scans (PET, MRI, CT, X-ray) including date of most recent scan
- Histology / pathology reports
- Tumour blocks / slides
- Blood test reports
- Diagnosis and treatment history
- Any other relevant medical history

Thank you for your support in this urgent matter

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I hereby authorise full disclosure of all relevant history in relation to my cancer treatment. I also confirm Harley Street Concierge as my appointed primary contact in relation to this matter.

Client name (print):

Client signature:

Date:

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