RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: STEPHENS, THERESA ANN

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: ACCESS TO MEDICAL RECORDS

This statement (consisting of 2 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed:

T A STEPHENS

Date:

23/12/2004

I am employed by Eastleigh and Test Valley Primary Care Trust as an Access to Medical Records Co-Ordinator and have been for the past five years approximately.

My role entails providing access to medical records under the Data Protection Act and Access to Medical Records Act. I work at Hampshire and the Isle of Wight PPSA (Practitioners and Patients Services Agency, Coitbury House, Friars Gate, Winchester.

In my role I can provide the General Practitioners medical records in relation to:

Arthur CUNNINGHA	AM date of birth	Code A	TAS/2
Elsie LAVENDER	Code A	TAS/3	
Sheila GREGORY	Code A	TAS/4	
Robert WILSON	Code A	TAS/5	
Jean STEVENS	Code A	TAS/6	
Enid SPURGIN	Code A	ΓAS/7	
Leslie PITTOCK	Code A	TAS/8	
Helena SERVICE	Code A	TAS/9 and	
Ruby LAKE	Code A		

Taken by: R STEPHENSON

Signed: T A STEPHENS

Signature Witnessed by:

2004(1)