

Subject Access Request

You can use this form to ask to see a copy of personal data that we hold about you, in line with the General Data Protection Regulations (GDPR), Chapter 3, Article 15 (Recitals 63 & 64).

Please consult our practice leaflet **Access to Medical Records under the Data Protection Act for further information.**

You can also use this form to ask to see the records on behalf of someone else, as long as you are legally allowed to act on their behalf. This includes:

- Making a request for a child
- Making a request for someone that you have power of attorney for.

You should fill in all sections of the form that apply to you. Note that:

- Section 2 should only be completed if you are making the request on behalf of someone else.

Section 1: Details of the person this request is about (the 'Subject')

Please tell us the details below about you, or the person you are applying on behalf of, so that we can check for the information we may hold:

<i>Title</i>	
<i>Surname</i>	
<i>First Name</i>	
<i>Former Surname</i>	
<i>Date of Birth</i>	
<i>Gender</i>	
<i>Health and Care number (if known)</i>	
<i>Contact Number (day)</i>	

Email Address	
Home Address (inc. postcode)	

Getting as much information as possible helps us find the information you want. If the subject has been known by a different name or has lived at a different address during the time span of your enquiry, please give details below:

Name:	From (date):	To (date):
Address (inc. postcode)		
Name:	From (date):	To (date):
Address (inc. postcode)		

Section 2: Written authority to act on behalf of the person you are making the request for

This section should only be completed if you are making the request on behalf of someone else.

If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney.

Full Name	
Relationship with the subject	
Contact Number	
Email Address	
Address	

Section 3: Proof of Identity

Applying for yourself

If you are applying for yourself, we need to see:

- one document confirming your name, from Group A, below
- one document confirming your address, from Group B, below

Applying on behalf of someone else

If you are applying on behalf of someone else, we need to see:

- one document confirming your name, from Group A, below
- one document confirming the name of the person you are applying on behalf of, from Group A, below
- one document confirming your address, from Group B, below
- one document confirming the address of the person you are applying on behalf of from Group B, below
- all documents needed to show that you have the authority to access the records, from Group C, below.

A. Documents that confirm your name:

- Full driving licence
- Passport
- Birth certificate
- Marriage certificate
- NHS Digital identity badge

B. Documents that confirm your address:

- Utility bill
- Bank statement
- Credit card statement
- Benefit book
- Pension book

C. Documents that confirm you are allowed to act on behalf of the person you are making the request for:

- Health and Welfare Lasting Power of Attorney
- Court of Protection Order appointing you as a personal deputy for the personal welfare of the Subject
- Full birth certificate of child
- Full certificate of adoption
- Parental responsibility order
- Signed declaration from the subject

We may get in touch with you for further information.

Why is this important? *This is in the interests in protecting your personal information.*

Please tell us which copies of documents you are providing:

A: Confirmation of Name	
B: Confirmation of Address	
C: Third Party confirmation	

Section 4: What information do you require?

Please tell us if you want information on:

- Copy of records and notes
- Printed electronic summary (summary report)
- Part of my records and notes (please state below)
- Something else (please state below)

When making your request for access, it would be helpful if you could provide details of the time-periods and aspects of your health record you require (*this is optional, but it may help save practice time and resources*).

GPs have ethical obligations around how patient records are shared, and will explain to patients, in broad terms, the implications of making a Subject Access Request so they can make an informed decision on whether they wish to exercise their rights under the Data Protection Act.

Please be aware that as an alternative to requesting notes, if you have a query about your care, you can attend the GP in a bookable appointment where they can discuss any query you might have.

Once the data controller has all the required information, and fee where relevant, your request should be fulfilled within one month (*in exceptional circumstances where it is not possible to comply within this period, you will be informed of the delay within one month of the request. We will provide you with a timescale of when the information will be made available, which will be no more than three months after the request was made*). We will advise you when these notes are ready to collect from the GP surgery. Information will be printed on yellow paper to distinguish information furnished, from information ordinarily held or generated by the surgery. Notes will be signed for on collection, and identification or authorisation may be sought if appropriate; this helps protect your information. Once notes are in your possession, you are responsible for their safe custody and disposal if appropriate – we recommend secure destruction (eg. Shredding) to protect your information if you no longer need or wish to retain these.

Section 5: Declaration

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 13, everyone named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates, or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in Section 3.

Data Subject:

Signature: Date:

Print Name:

Person making a request on behalf of the data subject:

Signature: Date:

Print Name:

Your Checklist

- Is your contact information correct?
- Have you enclosed acceptable identification?
- Have you signed the form?
- Have you completed all the relevant sections?

Prepared A. Erwin May 2018

Office use only

Date request received:

Date when advised ready for collection:

Date collected:

Date copies securely destroyed if not collected: