



MENDIP VALE

Subject Access Request (SAR)

As part of the General Data Protection Regulations (GDPR) patients have a right to access their health records. You can use this form to request copies of your medical records for yourself or a person you acting for i.e. parental responsibility/Attorney for Health & Welfare/Court Order.

Section 1: Details of the person this request is about (the 'Subject') or the person applying on behalf of someone else

Please complete the questions below in all circumstances as fully as possible and in block capitals to ensure that details are clear.

Title		Surname	
Former Surname		Date of Birth	
First Name		Gender	
Email Address			
Contact Number (day)		NHS Number (if known)	
Home 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 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 for Health & Welfare.

Full Name		Email Address	
Relationship with the subject		Contact Number	
Home Address inc Postcode			

Section 3: Proof of Identity

Please do not send any original documents through the post. You can provide printed copies or electronic copies. (The following list is not exhaustive).

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

A. Documents that confirm your name: <ul style="list-style-type: none">• Full driving licence• Passport• Birth certificate• Marriage or civil partnership certificate• NHS England identity badge	B. Documents that confirm your address (dated within the last 3 months): <ul style="list-style-type: none">• Utility bill• Bank statement• Credit card statement• Benefit book• Pension book
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Applying for someone else We will also need to see additional documents from Group C

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| C. | Documents that confirm you are allowed to act on behalf of the person you are making the request for: <ul style="list-style-type: none"> • 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 |
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Section 4: Helping us to find the information

Please use the space below to provide details that may help to locate your information. Being clear about the information you require will help us to respond promptly to your request.

Request for (please tick the relevant box)

- Online Access for self (recommended as can view up-to-date record at any time you wish) * ACTION IN SURGERY
- Emailed Record (recommended as eco-friendly and cost effective)
- Printed Record for collection (not recommended as not eco-friendly and costly to practice)

Record Requested

- Full record
- Dates from/...../..... to/...../.....
- Specific conditions
- Specific event/s

Please add any additional information in the box below

Section 5: Declaration

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child who is unable to make the request themselves, 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 2/3.

Knowingly or recklessly obtaining or disclosing personal data is an offence under data protection legislation. By signing this form, you are giving agreement that your personal data (or that of the person you are acting on behalf of) can be viewed by relevant parties within the practice in order that we may process your request and provide you with the information sought. All Subject access requests are subject to a 30 day timeframe. We will inform you if this changes.

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 completed all the relevant sections?

Have you enclosed acceptable identification? Have you signed the form?

Practice Use Only

Have you seen 2 forms of identification? Confirmed email Advised 30 days

If only Online Access has been requested, please contact named GP and action in surgery.