**Wyndham House Surgery**

**Subject Access Request (SAR) Form**

The General Data Protection Regulations (GDPR & DPA 2018) provides you, the data subject, with a right to receive a copy of the data/ information we hold about you or to authorise someone to act on your behalf.

Please complete this form if you wish to view/ obtain a copy of your data.

It is our Practice Policy for medical records to be collected. Your request will be processed within one calendar month upon receipt of a fully completed form. Your records will be provided to you on an

encrypted USB memory stick.

**You will need to provide proof of your identity upon collection.**

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| --- | --- | --- | --- |
| Surname |  | First Name |  |
| Date of Birth |  | NHS Number (if known) |  |
| Mobile Number |  | Other number |  |
| Address |  | Postcode |  |
| **Details of the Person who wishes to access the records, if different to above.** | | | |
| Surname |  | First Name |  |
| Date of Birth |  | Telephone Number |  |
| Address |  | Postcode |  |
| Relationship to patient: | | | |
| Your signature: | | Date: | |

**If you need specific information rather than the complete records, please state exactly what you require.**

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**If you wish to nominate a third party to collect your records on your behalf please complete the following.**

I (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorise Wyndham House Surgery to

release my personal data to the person named here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm they will bring proof of identity when they attend the surgery to collect the records

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Declaration** |

I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Access to Health Records Act 1990/Data Protection Act.

**Please select one box below:**

I am the patient/client/staff member, (data subject).  
 I have been asked to act on behalf of the data subject and they have completed the authorisation above.  
 I am acting on behalf of the data subject who is unable to complete the authorised section above. (Covering letter with further details supplied).  
 I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate).  
 I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.  
 I have been appointed the guardian for the patient/client who is over age 16 under a guardianship order (attached).  
 I am the deceased patient/client's personal representative and attach confirmation of my appointment.  
 I have a claim arising from the patient/client's death and wish to access information relevant to my claim. (Covering letter with further details to be supplied).

**Please note:**

* If you are making an application on the behalf of somebody else, we require evidence of your authority to do so (i.e. personal authority, court order, etc.)
* It may be necessary to provide evidence of identity (i.e. driving licence).
* If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
* Under the terms of the Data Protection Act, subject access requests will be responded to within 30 days after receiving all necessary information.
* Under the terms of section 7 of the Data Protection Act, information disclosed under a subject access request may have information removed. This is to ensure that the confidentiality is maintained for those referred to who have not consented to their information being disclosed.

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| **Print Name** |  | **Signature** |  |
| **Date** |  |