***GDPR – Subject Access Request***

Please note that this form is **not** suitable if you wish to have access to the medical records of a patient who is deceased. If this is the case please give your details to the Practice Manager, who will give you a call to discuss your request.

**Details of the Record to be accessed:**

|  |  |
| --- | --- |
| Patient Surname: | NHS Number |
| Patient Forename: | Address: |
| Patient Date of Birth: |
| Tel No: |
| Mobile No: |

**Details of the Person who wishes to access the records, if different from above:**

|  |  |
| --- | --- |
| Surname: | Address: |
| Forename: |
| Relationship to patient: |
| Tel: No: |

**Details of Application**

|  |  |  |  |
| --- | --- | --- | --- |
| I am applying for access to medical records only (please tick as appropriate) | | |  |
| I am applying for copies of medical records for the following period:  (please note that this may take up to 30 days to process) | From: | To: | |

Please tick all that apply:

I am the patient

I have been asked to act by the patient and attach the patient’s written authorisation

I am acting in Loco Parentis and the patient is under twelve and is incapable of understanding the request / has consented to me making this request (delete as appropriate).

I am applying for access on behalf of a patient who is age 12-16 (please note that, legally, patients from the age of 12 years who are judged by the GP to be able to make decisions on their own, must agree if the practice is to give out medical information to their parent/guardian. For this reason, applications for patients age 12-16 must be accompanied by written consent from the patient and will be passed to the GP for authorisation.

Applicant’s Signature:........................................................................ Date:............................................

|  |  |  |
| --- | --- | --- |
|  | | |
| For Practice Use ONLY | | |
| SAR received (add code #9NG1.00 – subject access request status) | Reception Signature: | Date:  (30 day deadline starts from this date) |
| Copies done: | Admin Signature: | Date: |
| Data Checked by Admin: | Admin Signature: | Date: |
| Data Checked by GP: | GP Signature: | Date: |
| Patient advised ready to collect (add code Copy of clinical record) | Admin Signature: | Date: |