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**Subject Access Request Application Form**

This form can be used to request medical information for yourself. It can also be used if you are making a request on behalf of someone else, however in such instances we will ask you to provide evidence of your entitlement to act and receive information (please ensure you complete section 3) or will seek authority from the individual for whom you have made the request.

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, requests will be responded to within one calendar month after receiving all necessary information and/or fee required to process the request.

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 third parties referred to who have not consented to their information being disclosed.

You will not be charged for your request. However, the Practice can charge a reasonable fee when a request is manifestly unfounded or excessive, particularly if it is repetitive. We will therefore charge a fee to cover administrative costs where further copies of the same information are requested.

If you have any queries relating to your request, please contact Practice Secretary or Practice Manager on 02920 887831

Please complete the following sections carefully and follow the instructions regarding the provision of proof of identity and details of how to return the form to the practice.

**Section 1 –** **Details of the data subject (who the personal information relates to)**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Forename(s) |  |
| Address |  |
| Postal Code |  |
| Date of Birth |  |
| NHS Number (if known) |  |
| Contact Telephone Number |  |
| E-Mail Address |  |

**Section 2 – Details of the request**

Please only select ONE option as appropriate. If multiple options are selected, this may incur a delay whilst information required is clarified.

|  |  |
| --- | --- |
| **Electronic Record from date of Registration with the Practice** |  |
| **Electronic Record including all hospital correspondence from date of Registration** |  |
| **Full medical records**  **(old paper records included)** |  |
| **Test results**  **Please provide details**  **(e.g. blood test, x-ray, MRI scan, date(s) etc)** |  |
| **Other - Please specify what information you require**  **(e.g. vaccination record or copy of clinic letter from Cardiologist, Royal Gwent**  **Hospital, date(s) etc)**  Please provide as much detail as possible as to the data you are requesting. Please be as specific as possible as this will speed up the request process. Include time periods and specific episodes of illness or treatment wherever possible. |  |

**Section 3 – Identifying the data subject (who the personal information relates to)**

|  |  |
| --- | --- |
| 🞏 Yes, I am the data subject  Please go to Section 5 | 🞏 No, I am not the data subject  Please go to Section 4 |

**Section 4a - Details of the individual requesting the information**

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Postal Code |  |
| Date of Birth |  |
| Contact Telephone Number |  |
| E-Mail Address |  |
| Relationship to individual for whom you are requesting data: |  |

**Section 4b -** **Relationship to data subject**

|  |
| --- |
| Please describe your relationship with the data subject and the reason that leads you to make this request on their behalf: |
|  |

**Please select one box below:**

🞏 I have been asked to act on behalf of the data subject and they have completed section 4c Authorisation below

* I am acting on behalf of the data subject who is unable to complete section 4c Authorisation below (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)

**Section 4c - Authority to release information**

|  |  |
| --- | --- |
| A representative will need to obtain authority from the data subject before personal data can be released. The representative should obtain the data subject’s signature below or provide a separate note of authority.  If the data subject lacks capacity to give authority in this way, the representative should provide evidence of the authority that it has, such as proof of parental responsibility for children under 12 or Lasting Power of Attorney (LPA).  Should this request be in relation to deceased records, proof of LPA will need to be provided or evidence that the representative has a claim arising from the deceased’s death.  **I hereby give my authority for the representative named in Section 4a of this form to make a Subject Access Request on my behalf under the UK General Data Protection Regulation**  Two pieces of identification are also required (please see section 5) | |
| **Signature of Data Subject:** | **Date:** |

**Section 5 – Proof of identity and authority**

|  |  |  |  |
| --- | --- | --- | --- |
| In order to prove the data subject’s identity, we need to see copies of two pieces of identification, one from List A and one from List B below.  In addition, if you are acting on the data subject’s behalf, we will need evidence of appropriate authority, List C for parental requests for children under 12, or List D for individuals who lack mental capacity. Written consent must be given by individuals who have mental capacity. | | | |
| **List A (one from below)**  **Passport** - must be valid  **Driving Licence** - must be valid  **Resident permit issued by the Home Office**  **EEA/EU Identity Card -** must be valid  If none of the above are available:  **Birth Certificate or Adoption Certificate** - must be valid original or a copy from the General Register Office *(NB we can accept the short version or the full version)*  **Valid Armed or police forces photographic identity card**  **Photographic disabled blue badge** | **List B (one from below)**  **Bank/Building Society/Credit card** **statement** - Issued to the current address and less than twelve months old  **Pension/Endowment/ISA** **statement** - Issues to the current address and less than twelve months old  **Utility Bill** **(not mobile phone or TV Licence) -** Issued to the current address and less than twelve months old  **Council tax** **bill/Mortgage statement** - Issued to the current address and less than twelve months old  Hospital appointment letter  Recent mortgage statement from recognised lender | **List C (one from below)**  **Birth certificate**  **Adoption certificate**  **Court Order**  All of the above must name the requester as an individual with parental responsibility | **List D (one from below)**  **Lasting Power of Attorney** |

**Section 6 – Declaration**

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that Tonyfelin Medical Centre may need to obtain further information from me/my representative/the data subject to comply with this request.

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

Please return the completed form along with two pieces of identification to:

Tonyfelin Medical Centre

Bedwas Road

Caerphilly

CF83 1XP

**For internal use (to be completed by staff member receiving application)**

|  |
| --- |
| 🞏 Yes Sufficient evidence has been provided to verify requester’s identity  Please detail: |

***OR***

|  |
| --- |
| 🞏 Yes Sufficient evidence has been provided to verify requester’s identity and proof of authority  🞏 N/A Sufficient evidence has been provided to verify requester’s identity and proof of authority  Please detail: |

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

**Approved by (to be completed by doctor)**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |