

ASH TREES SURGERY

SUBJECT ACCESS REQUEST FORM

Please be advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

Section 1: Person whose information is requested

Forenames: _____

Surname: _____ DOB: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ Mobile: _____

Email address: _____

NHS Number (if known): _____

If the name or address is different from the above during the period(s) to which your application relates, please give details below.

Previous Surname	
Previous Address	
Dates from / to	

Please tick one of the following boxes

- I am the patient.
- I am the parent/guardian of an individual under 16 years old who has consented to my making of this request.(Please complete Section 4)
- I am the deceased patient's personal representative.
- I am the legal representative of the individual who is unable to complete this form.
- Other (please specify)

Section 2: Description of Information that you require

Please provide as much information as possible. Give full details of timeframes and parts of the health records that you require access to. E.g. Orthopaedic letters, haematology letters or information relating to a specific accident.

Types of information required	Dates from / to
Comments	

Section 3: Types of Records that you require

I require a copy of my specified medical records including Lloyd George. (paper records)	
I require a copy of my specified electronic medical records and copies of hospital letters. (electronic records)	

Section 4: Authorisation

To be completed if under 16 years of age.

I hereby authorise Ash Trees Surgery to release any Personal Data they may hold relating to me _____

I have given consent to _____ to act on my behalf.
(Please insert name of person acting on your behalf)

Signature of Applicant _____ Date _____

Section 5: Declaration

Under the terms of the Data Protection Act, Subject Access 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.

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the personal information referred to above under the terms of the Access to Health Records Act 1990 and the Data Protection Act 2018.

Applicant's Name (Please Print)	
Address to which reply should be sent (if different from above)	
Signature of Applicant	

Please note you are required to provide two forms of proof of identity (one should be photo ID) Please indicate which documents you have enclosed:

- Full valid current passport.
- Full Valid driving licence.
- Birth Certificate or Certificate of Registry of Birth or Adoption Certificate.
- Utility Bill with your name on.
- Bank, building society or credit card statement with your name on.

Please return this application form to AshTrees Surgery or one of our branch surgeries.