

King Street Surgery

Subject Access Request form

Section 1 Patient's Information

Title		Request date	
First Name		Surname	
Date of Birth		NHS Number	
Contact Number		Email Address	
Address			

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 not the subject, but 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.

Title		Relationship with the subject	
First Name		Surname	
Contact Number		Email Address	
Address			

Request access to the information you hold in my medical records. I understand that this information must be supplied to me within 30 days of the date requested, although I will be notified if it will take longer.

Charges: It is normally provided free of charge. However, some charges can be made in the following circumstances:

- where further copies are requested by the data subject,
- or the request is manifestly unfounded, or excessive) a reasonable fee based on the organisations administration costs may be charged.

What copies of your medical record do you need? Please select required options			
<input type="checkbox"/>	Health Records	From:	To:
<input type="checkbox"/>	Health records only related to the following condition (s)		
<input type="checkbox"/>	A specific item e.g., X-ray/ scan/ Immunisation and etc		
<input type="checkbox"/>	All Health records from Birth		

Section3: Person making a request: 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.

Signature:		Date	
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For Staff use:

Two forms of ID verified: ☐ Yes / ☐ No

Staff Name		Date received	
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Due to the sensitive nature of information needed to process your request, it would be preferable for us to receive your application via our secure email address of blmkicb.kssprivate@nhs.net

Staff should send the document password protected if sent electronically.

Note:

Please do not send any original documents. You can send printed copies or electronic copies.

Documents that confirm your name	confirm your address (dated within the last 3 months)	Documents that confirm you are allowed to act on behalf of the person you are making the request for
-Full driving licence -Passport -Birth certificate -Marriage or civil partnership certificate	- Utility bill -Bank statement -Credit card statement -Benefit book	-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