

SUBJECT ACCESS REQUEST (SARs)

Personal information collected from you by this form is required to enable your request to be processed. This personal information will be only used in connection with the processing of this Subject Access Request		
Charges Payable: In accordance with legislation no fee will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our “reasonable administrative charges”(if applicable) in order to comply with your request. Please allow up to 30 days for a reply.		
Name:	Date of Birth	
Daytime telephone number:	Mobile number	
Email		
Have you registered for on-line access to your medical records YES/NO		
Address:		
By completing this form you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the practice that you are eligible to receive		
Required information (and any relevant dates):		
In what form would you like to receive the information?		
Reason for request		
By signing below you indicate that you are the individual named above. The practice cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request.		
Print name	Signed	Date

Please hand this form into Reception. Please bring photographic identification with you when you collect your data

FOR OFFICE USE ONLY

Request received by:

<i>Print Name</i>	<i>Signed</i>	<i>Date</i>
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Request authorised by

<i>Print name</i>	<i>Signed</i>	<i>Date</i>
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