



Data Subject Access Request (SAR)

General Data Protection Regulation & Data Protection Act 2018

Details of the Record to be accessed:

| | |
|------------------|----------------|
| Patient Surname: | NHS Number: |
| Forename(s): | Date of Birth: |

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

| | |
|--------------------------|--|
| Surname: | |
| Forename(s): | |
| Address: | |
| Telephone Number: | |
| Relationship to Patient: | |

Declaration: 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 health records referred to above under the terms of the General Data Protection Regulations & Data Protection Act 2018.

Tick whichever of the following statements apply.

- I am the patient.
- I have provided proof of my identity.
- 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 age sixteen, and is incapable of understanding the request/has consented to me making this request. (*Delete as appropriate).
- For mothers - A copy of the birth certificate is provided.
- For fathers – a copy of the birth certificate or marriage certificate (if child was born before December 2003) or a court order granting parental responsibility is provided.
- I am the deceased patient’s Personal Representative and attach confirmation of my appointment.
- I have a claim arising from the patient’s death and wish to access information relevant to my claim on the grounds that....

YOUR SIGNATURE:

DATE:

Details of my Application

(Please tick as appropriate)

Patient to complete

| | YES | NO |
|---|-----|--------------------------|
| Would online access satisfy your request? | | |
| (If yes patient would need to be signed up for service if not already T41C) | | |
| | ALL | OR PART (Please specify) |
| I am applying for access to view my records only. | | |
| I am applying for copies of my medical record. | | |
| I have instructed someone else to apply on my behalf. | | |
| Patient Specific (Please enter in your own words). | | |

Notes:

Under the General Data Protection Regulations & Data Protection Act 2018, you do not have to give a reason for applying for access to your health records.

Optional - Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports.

Defining the specific records you need may result in a quicker response.

| | |
|---|--------------------------|
| I would like a copy of all records. | <input type="checkbox"/> |
| I would like a copy of records between specific dates only (Please give date range below). | <input type="checkbox"/> |
| I would like a copy of records relating to a specific condition/specific incident only (Please detail below). | <input type="checkbox"/> |

PLEASE NOTE: Applications can take up to one calendar month to process, in exceptional circumstances they may be longer.